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ABSTRACT

Presented are six issues of the PRISE Reporter, a monthly newsletter providing information on special education in Pennsylvania. Key articles include the following titles and authors: "Human Sexuality and Mental Retardation" by B. Menhusen; "A Training Program for Teachers of Children with Behavior Disorders: An Interdisability Approach" by N. Brazil; "Secondary Learning Disabilities: A Perspective on Research and Programing Needs" by D. Deshler; "Listening and the Visually Impaired Student" by M. Alber; "Comprehensive Services for the Orthopedically Handicapped: An Alternative Approach" by C. Fusco; and "Guidelines for Evaluating and Writing Reading Materials for Deaf Students" by E. Costello. Each four-page issue contains sections on happenings/programs in Pennsylvania, research, tests, current citations, instructional materials, and films which relate to the featured article. (SBH)

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HUMAN SEXUALITY AND MENTAL RETARDATION

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As deinstitutionalization and the normalization of life for the retarded progress, educators, parents, and health workers are confronted with new demands which they are sometimes unprepared to meet. One such demand is the growing recognition that all handicapped persons, like all nonhandicapped persons, are sexual beings with a right to and need for appropriate sex education.

Until rather recently, many people thought of all physically or mentally handicapped persons as being the same—they did not distinguish between the disabilities and abilities of each individual. Many also assumed handicapped persons to be sexless or uninterested in sex, and believed that 'if we don't tell them about it, they won't do it.' Parents and teachers have often been overly protective of handicapped persons. The handicapped themselves, in turn, have often been hesitant or too uninformed to ask questions and, as a result, may have seemed disinterested or have behaved in an overly aggressive manner.

The goals of sex education for mentally retarded individuals no longer focus on the elimination of sexual behaviors, but are directed instead to the development of persons who can understand and accept their sexual thoughts and feelings, develop values, and direct their behavior.

Most studies concur that approximately 89 percent of the retarded population are mildly retarded, while about 11 percent are classified as moderately, severely, or profoundly retarded. The vast majority of mentally retarded persons are more like "normal" persons than unlike them. While a mentally retarded person's mental development may not keep pace with his or her physical development, sexual development may be more closely linked with chronological age and physical development. Too little information concerning sex can be an additional handicap for the mentally retarded, as is illustrated by a report on 11- and 12-year oid pregnant retarded girls who did not know the connection between having sexual relations and having a baby.

Some teachers and parents have objected to sex education by saying that knowing too much about sex too early would lead to sexual misbehavior, overstimulation, and experimentation. Many educators believe instead that ignorance and distorted ideas, curiosity, lack of knowledge, and lack of alternatives lead to inappropriate behaviors. With an estimated 95 percent of the mentally handicapped population living in the community, it is evident that they need information which will allow them to engage in the socially appropriate behaviors expected by the rest of society.

Where should children learn about sex? Some believe that parents should teach this to the children because, whether parents realize it or not, children learn much about sexuality by observation. They soon learn that sex is a powerful, fascinating, and mysterious force in life; children must be taught to sort facts and reality from myths and fantasies. But parents feel fearful, hesitant, or incompetent to talk with their children about sex. In some communities this is being overcome by teaching the parents of retarded children how to provide this information.

In some schools sex education is routinely taught to all children, including the mentally retarded. This is not the case in all schools, however, and many children continue to learn about sex from their peers in informal ways and to seek answers for specific questions from a trusted friend, teacher, or nurse. Many handicapped individuals who lead a less social life or live in a very restrictive environment may never have this opportunity. In many schools, especially residential ones, retarded students relate best to someone other than the teacher or nurse assigned to teach sex education. Apparently the students chose persons to question not on the basis of their professional training or skills, but instead on their ability to answer questions simply and directly, their apparent concern for the students, and the trust the students placed in them. For this reason, sometimes all staff members of schools are provided with special workshop training and sources of information to provide assistance if students do, indeed, seek them out for help.

It is evident that teachers are not the only ones who "teach" about sex; it is not always taught in a classroom, it may be in scheduled or unscheduled sessions, it may be formal or informal on a one-to-one basis, small group, or large group, it may be taught using models, media, or lectures or in discussion situations. There is no *one* way because each group of mentally retarded students is different, has different backgrounds, and has different needs.

Sometimes a classroom teacher is not comfortable teaching sex education to the students in his or her class. In this case another teacher, nurse, or paraprofessional may be assigned the task. Sometimes classroom teachers simply feel uncomfortable because they feel unprepared and an inservice training period will provide the information and resultant confidence needed to teach sex education.

Traditionally, sex education has been a course in human anatomy and physiology, including the male and female reproductive systems, menstruation and conception, venereal disease, and maybe, contraception. Within the last decade there has been a change in the field to a broader goal of helping the student understand his or her own sexuality—sexual identities, self-image, sexual roles, and sexual feelings and fantasies—as well as learning appropriate behaviors. To

cover such a broad scope effectively, the program of human sexuality needs to begin in early childhood and to extend through adulthood.

Those who have worked with children and inservice education for adults have been helped by suggestions similar to these:

1. Inquire about the rules or laws for teaching human sexuality in your school or state. In some situations mentally retarded students may receive this instruction in their classrooms while "normal" children may not.

2. Discuss the objectives and show materials of your planned program to the parents of the children of your classes; obtain their permission, if necessary. Provide information and terminology to parents so that they may assist and reinforce the program.

3. Avoid imposing your own values of right and wrong to students. Often it is possible to refer a question back to students to form their own value judgments or to refer to a model, such as a parent, and ask what the student thinks he or she would do in this case.

4. Relate information to students at their level and in their language. Be sure that you understand their current slang terminology. Slang terms probably have meaning to most students and may be helpful in defining the more scientific terminology. In some cases of more severe retardation, slang terms may be adequate; in cases of less severe retardation one may explain, for example, that breast is the word that doctors use to name the part of the body of a woman, but that sometimes other slang words are used. When they talk with their friends that they know very well, they might use slang, but when they talk with a doctor or nurse, they will probably want to use the word breast.

5. Know the materials that are available and, as needed, obtain additional materials for use; since students learn differently, provide a variety of learning experiences to teach and to reinforce the concepts.

6. Be prepared to define and discuss questions as they arise from students concerning sex molesters, rape, venereal disease, abortion, birth control, homosexuality, genetic counseling and sterilization.

7. Discussions and role playing may be effectively used in teaching students to direct their behavior to appropriate manners in public.

8. Provide opportunities for students to ask questions, either directly or by means of a question box into which they may place questions of concern to them and you may answer individually or in a group as soon as possible.

As you answer their questions you may want to add a few of your own that are relevant in your situation.

Within the last decade a variety of programs and materials have been developed and marketed for teaching human sexuality. Some programs that have possibilities for broad usage at different age levels and with possibilities for adaptation for different populations are:

ME NOW Unit 4: Growth and Development is part of a biology program developed for educable mentally retarded children, approximately ages 11 to 13 years. *Sexuality and the Mentally Handicapped* is a series of seven slide presentations for teaching mentally retarded individuals. The *Essential Adult Sex Education for the Mentally Retarded* (EASE) curriculum coordinates and adds evaluation instruments to the seven slide presentations for older students and adults. Another source of help is the SIECUS Study Guide, *A Resource Guide on Sex Education for the Mentally Retarded.*

A list of references for the above article is available at RRC/PRISE.

Family Training Project
Woodhaven Center, a cooperative venture between Temple University and the Commonwealth, has developed a family training program which provides individualized training to the parents and families of 25 of its mentally retarded clients. The program teaches parents the skills and techniques the school uses with each child, so the parents can effectively deal with the wide range of behaviors their children exhibit. Most of the training takes place in the client's home, and the sessions are video taped for evaluation and as a reference in charting a child's progress. Monthly parent meetings are held with the staff of the family training project to help parents understand their children and their condition. Parents are also taught specific programming techniques, and the video tapes of home sessions are sometimes used to demonstrate various skills and behaviors. Although the project is primarily directed towards severely and profoundly retarded clients under 17, the Center hopes to eventually offer it to all client families. For additional information contact: Woodhaven Center, 2900 Southampton Road, Philadelphia, PA 19154. Telephone: 215/671-5025.

Criterion Referenced Instruction for EMR Children
Criterion-referenced instruction is being used in a resource room program designed to upgrade the reading and math skills of Harrisburg students. The target population is 200 EMR students enrolled in the Ben Franklin Elementary School and the New Middle School. Major goals are to improve basic skill deficiencies of the students through sequential learning activities, to design a diagnostic prescriptive profile for each child, and to mainstream children who have achieved significant growth in learning. After initial placement is completed, the resource room personnel furnish the special education teacher computerized printouts of learning prescriptions and suggested materials for each child. Evaluations of the project will include a competency based checklist in reading and math for the total secondary population, and posttesting will be supplemented to measure significant changes in learning style. For more information contact: Harrisburg School District, 1201 North 6th Street, Harrisburg, PA 17105. Telephone: 717/255-2474.

Alternative Language Program
Project TALK (Total Alternative Language Kommunication) is a Beaver Valley IU program for language delayed trainable mentally retarded students at the New Horizon School who made little or no significant gains in traditional language development programs. The program uses a visual-auditory-tactile approach to the development of appropriate language patterns. Similar to a total communication system for the deaf, TALK is employed with the primary target of TMR students as well as with the secondary target of speech and hearing clinicians, teachers, parents, ancillary personnel, and student groups. For more information contact: Beaver Valley Intermediate Unit, R.D. 1, Dutch Ridge Road, Beaver, PA 15009. Telephone: 412/728-3730.

Social Mainstreaming
A social mainstreaming program has been developed for 6- to 21-year-old trainable mentally retarded students in the Hazelton area schools. The project was designed to prepare the students for leisure activities, to introduce them to community centers, and to give them social exposure. At local YM-YWCA swimming pools the students overcome their fear of water, work on developmental programs, and learn to use exercise

equipment and master basic game skills. Community centers are used to teach the students the rules and techniques of bowling and roller skating. Other activities include shopping, using a laundromat, picnicking, and visiting zoos, parks, and businesses. For more information contact: Hazleton Area School District, Laurel and Green Streets, Hazelton, PA 18201. Telephone: 717/455-2292.

Improving the Role-Taking Skills of Mentally Retarded Children

An important dimension in the social-cognitive development of children is the ability to empathize. Failure to properly interpret the thoughts and feelings of others in any given social interaction may result in inappropriate behavior; and may be regarded as a lack of social competence. Previous studies have shown that the ability to empathize, demonstrated by role-taking skills, is directly affected by peer interaction and the sharing of experiences. It is believed that the sharing of experiences leads to nonegocentric or "other person" responses in any role-taking situation. This study investigates these findings in relation to the mentally handicapped. For this population, especially, the ability to understand others can have critical implications in the successful formation of peer relationships. Thirty-one children with similar mental and chronological ages, and diagnosed as either having mild or moderate retardation, participated in the study. The children were divided into three groups based on their performance on a role-taking task. The groups were designated as being egocentric (self-oriented), intermediate (exhibiting both egocentric and nonegocentric behavior), or nonegocentric (other-person oriented). The children were then given an experimentally manipulated "shared experience" to determine whether such intervention would affect subsequent role-taking performance. Results showed that for the egocentric group, the shared experience had little effect on improving their role-taking ability. The nonegocentric group performed equally well both before and after the shared experience. For the intermediate group, however, the chance to occupy another person's role resulted in a definite change in their responses. After the shared experience, their responses were much less egocentric in nature, and more closely resembled the responses given by the nonegocentric group. These findings suggest that the opportunity to share another person's experiences can influence the role-taking performance of certain retarded children. The authors suggest that providing the opportunity for shared experiences can lead to better role-taking skills, and ultimately to improved social-cognitive development in retarded children. This, they feel, can be a critical component in the successful functioning of retarded individuals in society.

Blacher-Dixon, J., and Simeonsson, R. J. Effect of shared experiences on role-taking performance of retarded children. *American Journal of Mental Deficiency*, 1978, *83*(1), 21-28.

Vocational Testing for the Mentally Retarded

The *Reading-Free Vocational Interest Inventory* is a vocational preference test developed for educable mentally retarded high school students. Through forced-choice selection, the inventory provides information on interest levels in 19 unskilled and semi-skilled job areas. The test consists of a series of pictorial items depicting various occupational activities. For each series, the examinee is instructed to select the one activity he or she would most like to do. Since verbal symbols or written statements are not needed, individuals with limited verbal or reading ability are not placed at a disadvantage. The *Inventory* provides separate test booklets for male- and female-oriented occupations; a manual containing instructions for administration and scoring, and information on validity, reliability, and normative data is also included.

Edmark Associates, 13241 Northup Way, Bellevue, WA 98005. Test manual, $6.00; test booklets, $1.00 each.

Laus, Michael D. **Travel instruction for the handicapped.** Charles C Thomas, 301-327 East Lawrence Ave., Springfield, IL 62717. 1977. 147 pp. $10.75. This book describes an independent travel training program designed for sighted but mentally retarded persons in the Pittsburgh Public School System. It discusses the modification of programs that teach travel to the blind and offers processes for use with the mentally handicapped. It also offers processes for candidate identification and gaining parental support, a theoretical framework for instruction, and a case study. Critical reviews of other successful training programs are also included.

Neisworth, J. I., & Smith, R. M. **Retardation: Issues, assessment, and intervention.** McGraw-Hill Book Company, 1221 Avenue of the Americas, New York, NY. 10020. 1978. 566 pp. $15.95. Part of the McGraw-Hill Series in Special Education, this collection of articles is designed to be a status report on the multidisciplinary effort of scientists and practitioners who are investigating mental retardation theory and practice. The text is divided into four parts which discuss orientation and issues, causes and characteristics, assessment, and intervention.

Pennsylvania Resources and Information Center for Special Education. **Drug abuse education for the mentally retarded.** PRISE Search No. 1313. PRISE, 1013 W. Ninth Ave., King of Prussia, PA 19406. 1978. A bibliography and selected reprints and abstracts of documents which examine the relationship between drug education and the frequency of drug abuse among secondary level, educable mentally retarded students. Topics covered include reasons for program failure, motivational forces behind drug use, and the role of the educator in preventing drug abuse.

Pennsylvania Resources and Information Center for Special Education. **Values clarification and socialization skills with adolescent educable mentally retarded students.** PRISE Search No. 1274. PRISE, 1013 W. Ninth Ave., King of Prussia, PA 19406. 1978. A bibliography and selected reprints and abstracts of documents which pertain to developing socialization and values clarification skills among adolescent educable mentally retarded students. Contents cover value theory, clarification methods, activities, programs and materials analyses, vocational education, self-conceptualization, feelings, change, conflict, and human sexuality.

Perske, R.; Clifton, A.; McLean, B., & Stein, J. (Eds.). **Mealtimes for severely and profoundly handicapped persons: New concepts and attitudes.** University Park Press, 233 E. Redwood St., Baltimore, MD 21202. 1977. 142 pp. $7.95. The results of a nationwide project by Random House and the Developmental Disabilities Office of the Federal Government to find new attitudes and innovative techniques that would increase mealtime sensitivities and skills for severely and profoundly handicapped persons. The text is written in nontechnical language to encourage use by citizens, parents, professionals, and paraprofessionals. Among the topics addressed are: the value of mealtimes, creative interactions, creative ways of involving people and helpful mealtime atmospheres. A companion audiovisual program ($150) is also available.

Wehman, P. **Helping the mentally retarded acquire play skills.** Charles C Thomas, 301-327 East Lawrence Ave., Springfield, IL 62717. 1977. 231 pp. $12.50. A text which integrates behavior modification techniques with the teaching of play skills to mentally retarded persons. Chapters discuss behavior modification principles, behavior program format, play theory, curriculum and program development, and instructional technology. Suggestions for activities and commercial instructional materials are given.

Group Home Parent Training Program: Life Project was designed to train houseparents in community homes to be more effective in relating to and working with the mentally and physically disabled residents. The authors believe that beyond supervising a disabled person's daily routine, the houseparent has the responsibility of assisting a resident in the development of positive social and personal skills. The program consists of eight units that focus on the following areas: introducing mental retardation and community living, organization and management of the home, health and hygiene, behavior management, sex education, use of recreation facilities and leisure time, available community resources, and developing acceptable social skills. Included in the kit are eight training manuals with accompanying audiocassettes that offer tape recorded versions of the written material. The introductory unit on mental retardation and community living contains two additional sound filmstrips. The program is self-administering in nature and may be utilized in various ways. Participants should read the introductory unit first, after which the order of study depends on individual preferences or needs. Every unit contains a pre- and posttest to determine the effectiveness of the instruction. The authors have attempted to convey their information through a varied format with simple language. A glossary of terms and a list of references and suggested readings are included in each manual.

Stanfield House, 12381 Wilshire Blvd., Suite 203, Los Angeles, CA 90025. 1978. Price $125.00 per kit.

Time Is For Taking is a film designed to provide parents, teachers, and other educators with insight into the world of educable and trainable retarded children. The film recounts events at Camp Kentan, a Middleburg, Virginia residential summer camp for retarded youngsters. Not intended as a clinical or training program, the film depicts the children involved in activities such as crafts, swimming, sports, and camping. The paid and volunteer staff of the facility are almost equal in number to the campers, a fact which the camp director cites as the key to their success. The film defines a retarded child as "slow normal person," and it focuses on cheerful scenes in an effort to eliminate old myths about training and teaching retarded children. Some therapy scenes may seem a little violent at first, but the explanations and rationales given for this approach alleviate the viewer's fears. Although the film centers on the summer camp, the producers intended it as a broad look at retardation everywhere. Camp Kentan is operated by the Northern Virginia Association for Retarded Children.

16mm/color/23 minutes/$200.00

Distributed by Stuart Finley, Inc., 3428 Mansfield Rd., Falls Church, VA 22041.

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CARYL M. KLINE – Secretary of Education, Department of Education, Commonwealth of Pennsylvania

ELAINE E. GILVEAR–Chief, Special Education-Federal Programs & Services Division, Commonwealth of Pennsylvania

A TRAINING PROGRAM FOR TEACHERS OF CHILDREN WITH BEHAVIOR DISORDERS: AN INTERDISABILITY APPROACH

Nettye Brazil, Ph.D., Assistant Professor
University of Louisville, Kentucky

Self-contained special classrooms, special day schools, and school programs in residential treatment facilities have been traditional practicum sites for training teachers to teach children with behavior disorders. But with the advent of mainstreaming it has become clear that exceptional children can no longer be grouped, isolated, and bonded together by a common label, and that teacher training programs must reflect this new orientation. The underlying concept of mainstreaming stresses interaction and communication across and among educational disciplines. A new and unique alternative practicum which fosters this concept while teachers are still in training is needed. It has become increasingly important for various disciplines to learn the importance of cooperative planning. This need creates a strong and rational basis for an interdisability teacher training program.

During the summer of 1978, student teachers from the University of Louisville participated in such an experimental interdisability program. Although it was a significant shift from the usual training procedure, the four-week summer learning program provided an excellent opportunity for teacher trainees in reading education, visual impairment, learning disabilities, and behavior disorders to work together. The philosophy of the interdisciplinary model stressed freedom of movement, frequent interaction, and communication. The format allowed the participants to circulate freely among those from different disciplines to share materials, ideas, and behavioral intervention strategies. Each specialized group served as a resource for the other groups. In the midst of such an environment, teacher trainees demonstrated an ability to work effectively with other disability areas.

The Summer Learning Program was held in a public school with open classrooms and large open space on each floor surrounded by several small rooms and alcoves. Assignment of space within the school was made on the basis of the age and level of pupils rather than disability categories. Classes for children with learning disabilities, behavior disorders, and reading disabilities were randomly placed throughout the building. Classes adhering to categorical disabilities were not homogeneously confined to a particular section.

The core of the program consisted of university coordinators, supervising teachers, student teachers, and pupils. The supervising teachers were chosen from a list of recommended teachers, and they were assigned three student teachers and nine to fourteen pupils each. The teacher trainees were expected to demonstrate a set of skills that would allow them to modify a variety of academic and behavioral difficulties. Such skills consisted of observational techniques, academic and social assessment, the use of intervention strategies, and continuous evaluation for each pupil. The total instructional process was to be summarized in a final report. Test results, skills taught, recommendations for materials, and teaching strategies were required for each child enrolled in the program.

Youngsters with a wide range of needs were enrolled in the program. Some pupils with learning disabilities, and vision and behavior problems were clearly identifiable, but there were also children who did not manifest any significant problems. Pupils were initially assigned to supervisors randomly within age groups. The classes for children with behavior disorders had an average enrollment of nine pupils with a pupil-teacher ratio of three to one. Since there were only three classes for students with behavior disorders, they deviated from the age-bound criterion. Other pupils could be referred to these classes if problem behavior surfaced. Each class composition was similar. The primary group ranged in ages from six to nine, the intermediate class served ages 10 to 12, and ages in older groups varied from 13 to 16.

Teacher trainees were given ample time to examine each pupil's folder. Pupils who had not been tested within nine months were identified and given a battery of tests. An instructional plan was designed for those recently tested, based on the information delineated in their records. After two in-service days during the first week of the program, the pupils arrived. The three remaining days of this week had been planned for testing and getting to know the youngsters. The individualized program began the second week.

Student teachers were responsible for daily lesson and behavioral change plans. Instructional and social behavioral objectives, strategies, and procedures were recorded for each child. The instructional phase of the program was carried out in the morning. The afternoons were reserved for evaluations, discussions, consultation, and report writing. Student teachers kept an in-depth account of each child's performance. During the daily planning session each child was discussed by the entire team, which aided in the preparation of the final report.

The university coordinators observed each cluster from one to two hours during the actual teaching process at *least* three times a week. In the case of a very difficult situation the observations were increased. The coordinators also floated around the building functioning as facilitators. They stressed the significance of conferring with other disability area student teachers and encouraged student teachers to circulate among other teachers to discuss instructional strategies, discover and investigate new materials, and to share with and learn from each other.

The behavior disorder component of this teacher training model purported to serve children who had been identified as

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exhibiting inappropriate behavior that interfered with successful classroom performance. The classes were deliberately placed in various parts of the building. Labels were eliminated and the focus was to identify descriptively what the social and/or academic goals and objectives were for each child. The primary purpose was to teach academic and social behaviors. Problem behavior was dealt with as it surfaced.

There were many advantages to this design. The individuals who were trained in strategies for coping with disruptive behavior were valuable assets to the teachers from other disability areas who freely approached these individuals for suggestions. When a problem became overwhelming for a teacher, the child was sent to the resource room or to a cluster for students with behavior disorders. The techniques used to change behavior were applied behavior analysis, reality therapy, contingency management, contracting, and direct teaching of interpersonal skills. It was an ideal situation in that when a child exhibited disruptive behavior, he or she could be dealt with immediately.

The major objectives of the Summer Learning Program were to identify social and academic deficits and to remediate them concurrently. This concentrated four-week summer session offered many more activities than the 5- to 8-week periods during the fall/winter semesters. Student teachers were responsible for the total programming of the four children assigned to them. They assessed, planned, taught, and recommended. A complete report was written on this diagnostic-prescriptive process and was available to the child's school at the request of parents or guardians.

This program provided an enriched experience for student teachers in that it was a highly structured environment involving team teaching, small groups of youngsters, and having supervising teachers and university personnel present at all times. It should be noted that this four-week session was extremely short and the evaluation and ramifications of its longitudinal effectiveness must be determined in the future. The transfer of skills and competencies demonstrated in this program must be measured by the performances of the children the student teachers educate during their careers.

The AAMD Adaptive Behavior Scale is a behavior rating scale designed for use with mentally retarded, emotionally maladjusted, and developmentally disabled children and adults. It is designed to provide information on an individual's adaptive behavior, or the degree to which he or she exhibits the maturation, learning ability, or social adjustment expected of his or her age and cultural group. The scale is divided into two parts. Part one measures developmental skills important to personal independence such as language development, socialization, and self-direction. Part two measures those maladaptive behaviors that are related to personality and behavioral disorders. Among the areas measured in this section are violent and destructive behavior, psychological disturbances, and hyperactive tendencies. The scale takes approximately 25 minutes to administer, and can be used by people who are well acquainted with the daily behavior of the individuals to be rated. The scale contains data and profile summary sheets, and a manual with instructions for administering, scoring, profiling, and interpreting.

Edmark Associates, P.O. Box 3903, Bellevue, WA 98009. Manual $5.00; Scale $1.00. 1975.

NEW PRISE INFORMATION DISSEMINATION SYSTEM

In order to provide easier access to PRISE information services, a new information dissemination system will be implemented as of December 1st, 1978. Under the new plan, the Special Education Director of each Intermediate Unit has designated a PRISE Liaison who will take requests for information and forward all eligible requests to PRISE for processing. If you wish to request information, please contact the Liaison from your IU listed below.

Special education private schools, state schools and hospitals, and other special education facilities should continue to contact PRISE directly.

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Alternative Programs at IU No. 22

The Bucks County Intermediate Unit provides three alternative programs for the education of secondary socially and emotionally disturbed children. The Middle Earth program, which is operated in cooperation with Norristown State Hospital, is

designed for students of average intelligence who evidence varying degrees of sociopathic behavior. The program aims to change both the social attitudes and behavior of the students and improve their self-image. Since motivation is often a problem with younger students, the junior high program uses a behavioral point system in conjunction with small classes to improve academic skills and to provide an informal atmosphere to allow students to make social adjustment. The senior high program is similar to this, but it does not use a formal motivational system. The Lenape Valley and Looking Glass programs are also designed for students of normal intelligence, but with more severe emotional disturbances. In these programs the IU provides the educational component, the local Base Service Unit provides the therapeutic component. Students are given course work in English, math, science, and the social sciences, and the therapeutic program is centered around group and individual therapy sessions. The students' time is equally divided between educational and therapeutic activities. All of these programs are supported by both the Department of Education and the Department of Welfare and Justice. The program also serves students from Montgomery, Delaware, and Bucks counties. For further information contact: Bucks County IU, Cross Keys Bldg., Rts. 611 & 313, Doylestown, PA 18901. Telephone: 215/348-2940.

Mainstreaming Project at IU No. 7

Project MAXIMUM is a program of Westmoreland IU which uses the cooperative efforts of teachers, parents, school administrators, and mental health professionals in a comprehensive effort to train regular and special education teachers to develop a gradual reintegration program for socially and emotionally disturbed students, and to work with potential referrals to these classes. The project has also developed a program to educate parents in better ways of dealing with mainstreamed students. Activities are directed by the consultive staff of mental health professionals, and a spin-off staff similar to the original is available to other teachers in the district. For further information contact: Westmoreland IU, 409 Coulter Ave., So. Greensburg, PA 15601. Telephone: 412/834-5440.

French, A. P. **Disturbed children and their families: innovations in evaluation and treatment.** Human Sciences Press, 72 Fifth Ave., New York, NY 10011. 1977. 333 pp. $19.95. This book discusses the selection of a therapeutic approach by a psychiatrist for a patient undergoing family therapy. A four-place system is described that integrates a systematic evaluation method with a systems and structural approach to family therapy. Covers evaluation of the family and each of its members, basic clinical tools, clinical observations, case formulation, treatment, and family function.

Northcutt, J. R., & Tipton, G. B. **Teaching severely mentally and emotionally disturbed adolescents.** *Exceptional Children,* September 1976, *45*(1), 18-23. This article reports on teachers of severely mentally retarded or emotionally disturbed adolescents who serve as members of a multidisciplinary therapy team with psychiatrists, psychologists, psychiatric nurses, social workers, occupational therapists, and other mental health workers. It describes how a state hospital uses academic activities as a therapeutic tool and explains the role of special education teachers in the program.

Pennsylvania Resources and Information Center for Special Education. **Adolescent suicide/causes/early warning signals.** PRISE Literature Search No. 1356, 1013 West Ninth Ave., King of Prussia, PA 19406. 1978. A bibliography and selected reprints and abstracts of articles pertaining to adolescent suicide, its causes, and early warning signals. Articles cover topics such as: recurrent suicidal behavior, the limits of school power, family and societal roots, depression, adolescent physical development, and therapy.

Saul, L. J. **The childhood emotional pattern: the key to personality, its disorders and therapy.** Van Nostrand Reinhold Company, 450 West 33rd St., New York, NY 10001. 1977. 323 pp. $15.95. Addressed to psychotherapists, this volume discusses the impact of childhood emotional patterns on adult life. It describes a systematic method for obtaining a precise formulation on the origin, nature, and effect of childhood emotional patterns which can be used as a therapeutic tool during analysis. Four sections discuss theory, clinical observations and implications, and unexplored areas of childhood emotional patterns.

Emotionally disturbed and normal boys' perceptions of family relationships

Traditionally, children who are diagnosed as emotionally disturbed have been assessed through personality and intelligence tests, clinical observations, and by information supplied by parents and significant others. This article argues for the importance of also considering family relationships during assessment, particularly the ED child's perception of the family. More specifically, the authors investigated the child's feelings toward each member of his family, as well as his perception of their attitudes toward him. Sixty boys between the ages of 9 and 13 participated in the study. Forty of the boys had been diagnosed as emotionally disturbed, and were divided into two groups, depending on whether they were to receive in-patient or out-patient treatment. The third group, containing the remaining 20 boys, had exhibited no emotional or behavioral problems, and constituted the control group. Each child was individually tested on the Family Relations Test by a trained psychometrist. The child was first shown a group of ambiguously drawn cardboard figures, and asked to select one figure to represent each member of his family, including himself, and also to pick a faceless "Mr. Nobody" figure. The child was then asked to drop cards representing either positive or negative feelings into boxes attached to these figures. If the child did not want to attribute the statement to anyone in their family, including himself, he had the option of dropping it into the "Mr. Nobody" box. Results showed that the emotionally disturbed group tended to identify family members as sources of negative feelings more frequently than did the control group. Although the three groups did not differ in terms of their perception of the mother figure, there was quite a difference in the perception of the father figure, with the ED groups attributing far fewer positive statements to him than the control group. Ambivalent feelings toward the father existed particularly with the in-patient group. The control group, on the other hand, exhibited a strong positive father-son relationship, much like that expressed towards the mother. This finding supports previous research showing the high incidence of ED boys having poor or no relationships with a father or father figure. These findings also show the importance of fostering strong father-son relationships for promoting healthy emotional development. All three groups expressed predominantly negative relationships with siblings, possibly a reflection of displaced hostility and sibling rivalry. The results of the study suggest that the ED child's perceptions of family relationships can contribute valuable information to his overall assessment.

Phillipp, R. L., & Orr, R. R. Family relations as perceived by emotionally disturbed and normal boys. *Journal of Personality Assessment,* April 1978, *42*(2), 121-127.

What Do I See When I See Me? is a series of four filmstrips which examines social and emotional growth in children. While it is not intended specifically for use with emotionally disturbed children, the program examines how emotions, feelings of self-confidence, and good parent-child relationships contribute to child development. Set I, "I See Hope," is designed to give parents and caregivers a better understanding of children's social and emotional development, and to explain how adult actions influence it. Ways of teaching children emotionally healthy skills and habits is the focus of Set II, "I See Smiles. I See Frowns." This set discusses love and pleasure, suggests handling fear with honesty, discusses ways to help children express anger effectively, and points out symptoms of emotional problems that may require professional help. Set III, "I See Strength," offers advice on helping children deal successfully with new situations and experiences, and stresses the importance of a good parent-child relationship to developing feelings of self-confidence. Set IV, "I See Love," examines the quality and importance of parent-child relationships. These filmstrips also discuss communication patterns, common problems and how to solve them, and offers suggestions for helping children relate to others. Each set contains five color filmstrips, one record or three cassettes, five audio script booklets, and one discussion guide. Sets may be purchased separately or as a series.

Parent Magazine Films, Inc. Department B, 52 Vanderbilt Ave., New York, NY 10017. 1977.

Price per set $65.00. Complete series of four sets $230.00.

The Music Child is a teacher training film about the use of music therapy with nonverbal handicapped students. The documentary depicts improvised music being used as a treatment technique for communicating with nonverbal autistic, emotionally disturbed, mentally retarded, and cerebral palsied children. The methods and strategies of several music therapists are demonstrated and explained in the film's two parts; the first dealing with individual therapy and the second with group therapy. The film begins with a preverbal child on the floor moaning musical sounds in conversation with the therapists. If the child cries, the music cries. If the child is angry, the music is stormy. Subsequent therapy sessions show a gradual progression into group work, where the children display independence and work with sophisticated musical instruments and materials. A 1976 American Film Festival Blue Ribbon winner for child development films.

45 minutes/16mm/color/1976/$495.00

Distributed by: Benchmark Films, 145 Scarborough Rd., Briarcliff Manor, NY 10510.

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Kathleen S. Ewell, Project Director
Carole L. Norris, Project Supervisor

PRISE reporter
issues and happenings in the education of health-impaired children/learning disabilities
no. 10, november 1978

pennsylvania resources and information center for special education 1013 West Ninth Avenue, King of Prussia, Pa. 19406. 215/265-7321

CARYL M. KLINE – Secretary of Education,
Department of Education, Commonwealth of Pennsylvania

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SECONDARY LEARNING DISABILITIES: A PERSPECTIVE ON RESEARCH AND PROGRAMMING NEEDS

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Research Institute in Learning Disabilities
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During the past ten years programs for children identified as learning disabled have evolved as a major educational option at the elementary school level. Unfortunately, the growth of such programs has far exceeded the development of special education alternatives for the learning disabled adolescent and young adult in junior and senior high schools and in out-of-school settings. From the start, some parents and professionals have tried to combat this neglect of the older student. However, their first efforts led to few results. Although they contributed to the organizational efforts to make government officials, public school administrators, and teachers aware of the unique instructional requirements of older students with specific learning disabilities, often they were forced to watch with resignation as only elementary level programs were initiated. Time was on their side, however, as elementary school children with learning disabilities eventually became adolescents. With each passing year the ranks of those interested in adolescents with specific learning disabilities have become larger and increasingly more vocal. And now, a decade and a half after the founding of the LD movement, the problems of adolescents and young adults with specific learning disabilities are beginning to receive a fair portion of attention.

As the learning disability field evolved, several factors and events served to direct the attention of educators and researchers to the unique needs of the LD adolescent and young adult. The most significant occurrences include:

First, the enactment of the Education for All Handicapped Children Act of 1975, P.L. 94-142, which specified that states and their school districts must guarantee a free *appropriate* public education to *all* handicapped individuals between the ages of three and 18. Thus, the law required that the educational needs of the learning disabled adolescent and young adult be investigated and met.

Second, the learning disabilities of children who participated in elementary LD programs have persisted. An underlying assumption that dominated the learning disability field during its formative years was that learning disabled children could be "cured." But, as children identified as learning disabled in elementary grades progressed through the LD programs it became apparent that the impact of their learning disabilities was not substantially altered, and they entered secondary schools still hampered by their disability. This observation suggests that either learning disabilities are highly resistant to remediation, or the interventions employed lacked the power to eliminate the condition or minimize its consequences.

Third, the relationships of reading problems and other specific disabilities to dropping out of school, contact with the courts, and problems of underemployment became a topic of great interest. The current practice of defining the LD adolescent primarily in terms of the impact of his or her disability upon academic functioning and educational opportunities does not accurately indicate the varied ways in which the handicap can be manifested in older students. Case studies and anecdotal records suggest that learning disabilities remain at maturity and prevail as a major inhibition to the development of human resources.

Operating on the assumption that learning disabilities have historically been a significant contributor to the subpopulation of problem learners, it can be assumed that a subpopulation of adults also exists whose life styles have been substantially affected by the presence of learning disabilities. An examination of data on individuals who are unemployed, underemployed, involved in adjudication, or dependent gives insight into the impact of characteristics such as those ascribed to the learning disabled. In contrast to the public schools' efforts in behalf of the learning disabled, however, there has been no comparable investment in the design of interventions or compensatory programs to enhance the performance of learning disabled adults. As adults, these persons appear to be neither identified nor treated as learning disabled. Their needs have been ignored and the consequences of their disabilities allowed to manifest themselves as social and economic disadvantages. Only recently has society begun to recognize the personal and societal losses which result from not responding to the needs of this group.

Because learning disabled adults are more likely to be underemployed than unemployed and socially competent rather than incompetent, their identities are frequently shielded by their membership in the larger subpopulations of persons experiencing similar problems for other reasons. This blurring of identities, coupled with the relatively recent practice in the schools of treating the learning disabled as a group with special needs, has complicated the process of researching the status of learning disabled adults.

Fourth, educators have come to realize that the demands which the secondary curriculum places on students are much different from the demands placed on them in the elementary grades. It is assumed that by the time students reach secondary school, they have mastered the basic skills of reading, writing, spelling, mathematics, and spoken language to a degree which will allow them to use these skills as "tools" in acquiring information from the curriculum. Unfortunately, many LD adolescents have not mastered these skills to such a level as to allow them to compete successfully with their peers. Not only do the secondary curricula presuppose the basic skills of decoding and computation taught in the elementary school, they also require a much broader array of skills in such areas as

EC 120163

listening, problem solving, decision making, and personal-social adjustments. As educators have come to a realization of the types of demands placed on the LD adolescent, they have acknowledged the need for intervention strategies different from those typically used with the LD student in the elementary setting.

Fifth, evidence increasingly suggests that adolescents and young adults with learning disabilities experience significant problems in social adjustment, social perception, self-concept and motivation. Because of the potentially heavy toll a history of prolonged failure can take on the LD adolescent, educators have come to stress that these accompanying difficulties warrant the full attention of those involved in the educational process of learning disabled adolescents. Such problems are potentially more of a hindrance to success and adjustment in life than the failure to master certain academic concepts.

Now that these five points have led to a recognition of and an increased interest in the unique needs of the LD adolescent and young adult, three key factors in the learning disability field await resolution: *the* definition of the learning disabled individual, the specification of criteria and procedures to identify the person, and the validation of interventions. But the possibility of reaching accord on these points at the present time seems remote, for in the field of learning disabilities there is little agreement on a definition, the criteria and procedures that should be used to identify learning disabled persons, or the efficacy of the available interventions.

The major source of disagreement among educators and researchers working with LD adolescents and young adults is not over the general definition of learning disabilities as it is stated in P.L. 94-142. However, as it stands, the definition is so inclusive that it can tolerate most criteria and procedures for identification and various interventions.

Most disagreements among professionals in secondary LD are focused on specific criteria and procedures for identifying learning disabled adolescents and the ensuing intervention(s) deemed necessary. For example, some professionals have included explicit medical criteria as part of the identification characteristics of a learning disability. Thus, their identification procedures may call for neurological and/or sensory examinations. Other professionals have included only academically oriented achievement and aptitude indicators. Similar confusion persists over the procedures or measures to be used in assessing the criteria for learning disabilities among educators and researchers in the field.

Furthermore, when studying the interventions used to enhance the adjustment of the learning disabled adolescent it becomes apparent that the same state of affairs exists. One group may suggest a learning strategies and study skills intervention model, while another group advocates teaching the basic skills of reading, writing, and mathematics. A third source simply has provided intervention ideas with no rationale. Finally, some teachers have attempted to tutor in the content areas, teach vocational skills, or provide a potpourri in hope that something would work.

The situation is even more nebulous when considering the learning disabled young adult. There is such a paucity of investigations and theoretical or philosophical positions that little support is provided to give direction to research and programming efforts. In light of the lack of knowledge and direction in identifying and intervening with LD adolescents and young adults, it is not only timely, but essential, that a major investment be made in researching the impact of learning disabilities on this particular population. Attention should thus be given to research models and procedures for the identification of cognitive and behavioral characteristics of adolescents and young adults with specific learning disabilities, and to the development of interventions to enhance their capabilities in both school and nonschool settings. All professionals who work with the LD adolescent should feel a responsibility for participating in this research effort. Action research conducted by the classroom teacher, as well as more highly controlled endeavors by the university researcher, can all contribute to a better understanding of the LD adolescent and young adult.

Annual Conference of the National Association for Children with Learning Disabilities (ACLD)
The annual national ACLD conference will be held this year at the San Francisco Hilton in San Francisco, CA on February 28 to March 4, 1979. The theme for the conference will be "Bridges for Tomorrow," and speakers include Leo Buscaglia, Doris Johnson, Sam Kirk, Sylvia Richardson, Marianne Frostig, Gerald Minskoff, Drake Duane, and Barbara Bateman. Preconference workshops to be held on February 27 include sessions on preschool and early childhood, brain research, vocational education, secondary education, postsecondary education, parents' rights, and mainstreaming. For further information contact: Ms. Jean Petersen, National ACLD, 4156 Library Rd., Pittsburgh, PA 15234. Telephone: 412/341-1515.

Developmental Learning Prescriptions
The special education division of the school district of Philadelphia has been awarded a Title VI-G grant to develop an LD demonstration center which emphasizes practices and procedures that are most appropriate for LD students in urban schools. The project is designed to serve the needs of learning disabled children in grades K-6 in three settings: the regular classroom with itinerant support services, resource rooms, and self-contained classrooms. The project focuses on the identification of LD students, assessment, IEP development, implementation of the IEP, and evaluation of the effectiveness of the instructional program. For further information contact: Project DELP, Philadelphia School District, Division of Special Education, 13th & Spring Garden Sts., Philadelphia, PA 19123. Telephone: 215/299-7432.

Program for Secondary Mainstreamed LD Students
A pilot program has been instituted by Midwestern Intermediate Unit No. 4, in cooperation with Southwest Butler and New Wilmington School District, to provide services for mainstreamed secondary LD students. The project includes the use of resource rooms and teacher consultants and provides for: preservice and inservice for secondary administrators and teachers to familiarize them with the identification of LD students and their needs, individualized instruction in language arts and math skills, and a two-day inservice program for all project participants which will include group activities and simulations to enable participants to experience learning disabilities. For further information contact: Midwestern Intermediate Unit, Maple St., Grove City, PA 16127. Telephone: 412/458-6700.

Campus Work Program for LD Adolescents
Vanguard High School, a private, nonprofit school for learning disabled adolescents located in Haverford, has received funds from a Title I grant to develop a model on-campus work program for their students. The program has three main goals, to familiarize students with a variety of occupations, to train students to perform skills associated with a number of occupations, and to encourage the development of positive work attitudes. Some of the activities in which the students are employed are closely associated with the operation of the school, while others are businesses the students operate. These include a food service program, an auto and lawn mower repair shop, a newspaper, a cabinet making service, and a horticulture service. A third group of businesses, such as the school's general store, provide an outlet for the program's products and produce profits to support the program. To ensure maximum exposure, the students rotate among the positions, remaining in one spot only until they have mastered the skills involved. For

further information contact: The Vanguard School, Box 730, Paoli, PA 19301. Telephone: 215/647-3993.

Special Education Comprehensive Math Program
Under the direction of the Tuscarora Intermediate Unit, the special education comprehensive math program (SECOMP) helps school districts to organize all facets of their special education math program into a systematized approach to teaching math to LD and EMR students. The project provides the resources and expertise to unify a math curriculum, develop individualized instruction, and prepare IEPs in mathematics. Using the Pennsylvania Special Education Mathematics Resource Guide, a project staff member works with a committee of special education teachers from the district to select math concepts they feel are appropriate for their program. Simultaneously, classroom teachers take an inventory of the materials available to teach mathematics in their district. From this information, the project staff prepares a curriculum guide for the district listing the concepts they want to teach, behavioral objectives, sample test items, and the location of concepts in their materials. Multimedia instructional kits are available for 50 of the concepts. Criterion referenced tests and pupil record forms are provided by the project. For additional information contact: Tuscarora Intermediate Unit, Room 1104, Payne-Shoemaker Bldg., Harrisburg, PA 17101. Telephone: 717/236-3030.

The Effect of Resource Programs on the Social and Emotional Development of LD Children
Resource intervention programs for LD children were developed primarily to aid in academic development, particularly in the areas of perceptual-motor training and diagnostic-prescriptive teaching. Since past research has shown a positive relationship between school success and social and emotional development, it was generally believed that remediation would improve these other areas as well. The present study investigated the effect of one resource intervention program on the social-emotional development of LD students, as evidenced by their scores on self-concept and peer-acceptance scales. Eighty-two students attending regular classes in elementary schools in Central Pennsylvania were involved in the study. Forty-one had been diagnosed as LD and were enrolled in resource intervention programs. The remaining 41 children had not shown any learning disorders, and constituted the control group. All of the children were administered the Piers-Harris Children's Self-Concept Scale and the Peer Acceptance Rating Scale. Both instruments were administered twice—two months after the start of school and again at the end of the school year. Results from the Piers-Harris scale showed that the LD group scored considerably lower than the control group on self-concept. Neither group exhibited any change in these scores at the end of the year. The Peer Acceptance Scale also showed a significant difference between the two groups, with the LD group again receiving lower ratings. Although the end of the year acceptance scores were higher for both groups, the gain of the LD group in peer acceptance was equal to that of the control group. The results of the study support previous research showing that considerable differences exist in self-concept and peer acceptance between learning disabled and nonlearning-disabled children. The findings also raise doubts as to the validity of the belief that resource programs, as they currently exist, have any significant impact on the social acceptance and self-esteem of LD children. The authors conclude that although research has shown resource programs to be successful in academic remediation, supplementing them with social and emotional developmental components may be one way of broadening their effectiveness.

Sheare, J. B. The impact of resource programs upon the self-concept and peer acceptance of learning disabled children. *Psychology in the Schools*, July 1978, *15*(3), 406-412.

A Screening Test for Learning Problems
The McCarthy Screening Test (MST), a 1978 adaptation of the McCarthy Scales of Children's Abilities, is designed to identify children with potential learning problems. The instrument consists of six separate tests measuring those cognitive and sensorimotor abilities important to successful school performance. These abilities include facility with language and concepts, visual perception, auditory memory, fine and gross motor coordination, and orientation in space. As a screening instrument, the MST is designed to determine whether a child is "at risk," and in need of further assessment, or "not at risk." The test is not designed to show the specific reasons for low performance. The MST is intended for children between the ages of 4 and 6½. It can be individually administered by either classroom teachers or trained paraprofessionals, but final decisions regarding the need for further assessment should be made by qualified professional personnel. All statistical information provided in the MST is based on data collected from the original McCarthy Scales.

The Psychological Corporation, 757 Third Avenue, New York, NY 10017. $27.50.

National Learning Disabilities Assistance Project. **Catalogue of Child Service Demonstration Centers.** The NETWORK, 290 South Main St., Andover, MA 01810. $2.50. This catalog describes 53 Title VI-G Child Service Demonstration Centers that were funded by BEH during 1977-78. It contains individual brochures describing the programs which were established to improve educational services for the learning disabled. Information on each program includes: historical background, educational programming, outreach and replication, products, unique features, and workshops. It is designed to assist professionals in identifying innovative programs and products for use in their work with learning disabled students.

O'Brien, M. C. **Syllabus and Teachers' Handbook in Language Arts Instruction for the Learning Disabled Child.** La Grange City School System, La Grange, GA 30240. 1976. v.p. $20.00. A language arts syllabus which provides a sequenced, individualized program of instruction for mainstreamed learning disabled students. It is divided into receptive and expressive language, and expressive language is further subdivided into oral and written aspects. The essential skills are organized in a sequential order. The items in the syllabus are cross-referenced with specific instructional strategies in the teachers' handbook section. The contents can aid in coordinating the efforts of the LD teacher and the regular classroom teacher.

Sex Education for the Learning Disabled. PRISE Literature Search No. 1287. 1978. The search includes information for parents, teachers, and counselors concerned with the sex education of elementary and secondary school learning disabled students. It discusses the psychological problems of these students, provides program descriptions, and suggests instructional materials.

Ross, A. O. **Learning Disability: The Unrealized Potential.** McGraw-Hill Book Company, 1221 Avenue of the Americas, New York, NY 10020. 1977. 240 pp. $10.75. An overview which focuses on learning disability as a behavioral problem rather than deficiency or abnormality. According to the author, the learning disabled child's capacity to learn is developing more slowly than the normal child's. Since this developmental lag centers on the ability to focus attention, the author examines a variety of teaching aids and procedures that can enhance and improve the learning skills of these children. Annotated references are included.

Velton, E. C., & Sampson, C. T. **Rx for Learning Disability.** Nelson-Hall Publishers, 325 W. Jackson Blvd., Chicago, Il 60606. 1978. 174 pp. $10.95. This document focuses on remediation techniques for correcting learning deficiencies and offers practical suggestions for the individualized diagnostic-prescriptive teaching of reading, writing, and arithmetic. The subjects it addresses include methods for identification, referral for remediation, and behavior modification for motivation and discipline. A checklist of dos and don'ts for teachers and parents is also included.

What If You Couldn't. . .? is a multimedia package designed to familiarize elementary school children with various handicapping conditions. The goal of the program is to help non-disabled children better understand the needs of their exceptional classmates or friends by dispelling many common myths and misconceptions. The kit is divided into seven areas that include: learning disabilities, visual impairment, hearing impairments, mental retardation, emotional problems, orthopedic handicaps, and an introductory module which explores similarities and differences among people in general. Each unit dispenses information on a particular disability and provides students with simulation and role playing opportunities to discover how it feels to be different. The module on learning disabilities, for example, explains that difficulties in learning are not necessarily connected with general intelligence level or motivation, and that most often they can be overcome. Other units come equipped with manipulative devices: the section on visual impairments includes a prescription cane, blindfolds, opaque glasses, and a tactile map; the portion on orthopedic handicaps contains simulated leg braces and slings. Materials such as audiotape cassettes, filmstrips, flashcards, study prints, and classroom posters are also components of the kit. A separate teacher's guide which describes the program's activities in detail and offers background information on the specific disability is included with each unit. The program is designed so that, through active participation in the exercises, children may clarify their own values while developing a sensitivity to the problems of others.

Selective Educational Equipment, Inc., 3 Bridge Street, Newton, MA 02195. 1978. Complete kit $360.00.

The Reluctant Delinquent is a film designed to demonstrate to educators and parents the relationship between juvenile delinquency and learning disabilities. It does this by telling the story of Rob Gamble, a young man who is put in Juvenile Hall, and then paroled to his mother on weekdays to attend a special school for learning disabilities. The film cites a study which discovered that more than 80 percent of the boys who are in Juvenile Hall as repeat offenders have specific learning disabilities. Rob Gamble is diagnosed as having dyslexia, which means he cannot learn to read, write, or spell using conventional teaching methods. At Arena High School Rob tackles this problem through a range of alternative instructional strategies such as psychomotor activities and having letters traced on his back to provide him with tactile feedback and a visualization aid. From interviews in the film with Rob's teachers and his mother, there seems to be an optimistic prognosis for Rob. When he sees people believing in him, Rob says he won't "mess up" again.

24 minutes/color/16mm/1977/$360.00

Distributed by: Lawren Productions, Inc., P.O. Box 666 Mendocino, CA 95460.

PRISE is a federally funded project. The local education agency sponsoring PRISE is the Montgomery County Intermediate Unit No. 23, Dr. Dennis Harken, Executive Director.

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CARYL M. KLINE – Secretary of Education,
Department of Education, Commonwealth of Pennsylvania

ELAINE E. GILVEAR–Chief, Special Education-
Federal Programs & Services Division, Commonwealth of Pennsylvania

LISTENING AND THE VISUALLY IMPAIRED STUDENT

M. Bernadette Alber
Activities of Daily Living Teacher
Chicago, Illinois

It is unquestionably recognized that the tactile and auditory channels are the senses most often utilized by visually impaired students to acquire information. From the time the child enters the educational system, emphasis is placed on the development of tactile awareness and readiness skills which are so important to the ultimate mastery of reading. Too often, though, training in listening skills and the development of auditory comprehension have been overlooked. This is not only true in education for the visually impaired, but also in general education. We have expected children to develop listening skills without special instruction. Critical listening, however, is an ability which requires as much training as any of the other language arts. Listening plays a primary role in language acquisition and in interpersonal communications. For visually impaired students the importance of auditory inputs is magnified, since the students are unable to monitor and enhance what is heard through utilization of visual clues. If the students are to remember instructions, gain meaning, and draw conclusions, they must rely upon what is heard. If a student does not know how to listen effectively, he or she may develop distorted meanings or faulty concepts. The development of good listening skills is difficult. In the process of reading, a strange word may be the signal to stop, look at other words in the sentence or pictures on the page, but in listening this is not possible.

In recognition of the unique problems in the development of auditory abilities, the Illinois Office of Education commissioned a survey to gather information from visually impaired students. The study resulted in a committee being established to develop a guide for teaching listening to this student population. The committee agreed that the volume should be hierarchical in presentation, beginning with rudimentary skills and logically progressing to higher cognitive processes.

Teachers should organize a listening program in the same way plans are developed for reading, writing, and arithmetic, and the plans should be individualized. Not every student needs to begin at the same point. Many students have well developed skills in auditory perceptual areas. Others do not. Some students do not recognize the differences in the phonemes of the language (*b /p, f/v*). Others are unable to remember a series of directions or have difficulty determining the main idea and supportive facts heard in a science lecture. Each of these students requires a different plan.

The contents of *the guide* which was produced are structured around a well-organized outline presented in *Auditory Training: A Guide for Teachers of the Handicapped* (Eden, Green, Hansen, Iowa State Department of Public Instruction and the University of Iowa, 1972), with the addition of material on auditory comprehension. One of the major points of the guide was the importance of stressing the bringing together and processing of all auditory inputs to place emphasis on the development of abstract reasoning skills through auditory learning. Other highlights of the guide include:

Auditory Reception. Auditory reception involves the ability to derive meaning from what is heard whether it concerns specific sounds, conversation or other verbal material. For example, a baby hearing a voice and turning in the direction of the sound. On the verbal level, auditory reception involves the ability to understand and respond to questions. Auditory reception is the first skill to develop. The infant in the crib quickly begins to respond to the sounds of the environment. Tones of voice begin to take on meaning which quickly adds new dimensions to auditory skills.

Auditory Discrimination. Auditory discrimination is the ability to hear likenesses and differences between sounds. For example, identifying the differences between a car horn honking and a glass being filled with water. Auditory discrimination is the second rudimentary skill which most students possess at the time they enter school. Many younger children have had numerous opportunities to learn to distinguish between different types of sounds. They have learned to focus on the important stimulus and to deal with it. The teacher should be cautioned, however, not to assume that the student is using the skill acceptably.

Auditory Memory. Auditory memory is the ability to remember things that have been heard. It can be divided into two subcategories: long term memory and short term memory. Teachers also need to emphasize the skills involved in general and specific memory. General memory involves the skill of recalling and relating major concepts or ideas from what has been heard, whereas specific memory focuses on the ability to recall discrete information such as dates and names.

Auditory Sequential Memory. Auditory sequential memory is memory of something that is heard in given order. For example, being able to repeat a list of words or numbers in the same sequence as it was given. Once auditory memory is established emphasis should be placed upon the student's ability to recall information in the correct order. Retelling the events of a story, taking lecture notes, and expressing ideas in verbal form, all require the ability to organize words sequentially.

Auditory Closure. Grammatic closure involves the ability to identify a particular word or phrase when only part of the word or phrase is spoken. For example, supplying the missing

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word to an incomplete phrase, such as: sugar and – (spice). The skill of closure involves the student's ability to supply the correct word at the proper time. The teacher should ask: "Can the student choose the correct tense?"; "Does he or she recognize number?"; or "What does *person* mean?"

Auditory Association. Auditory association refers to the ability to relate to spoken words in a meaningful way. For example, associating and supplying the missing word in this incomplete statement: sugar is sweet; lemon is –. Auditory association emphasizes the ability to absorb and understand what is heard, to call upon or retrieve past experiences which relate to the new information, and to make new judgments or modify previous ones as a result of comparing the concepts. This is an important skill for it involves the analysis of information making it possible for the listener to discard the irrelevant and focus on the important data.

Auditory Comprehension. Auditory comprehension refers to the ability to bring together and integrate all previously learned listening skills to a level where the student is able to derive meaning from a lengthy passage through the utilization of cognitive skills. For example, is the student able to answer questions involving "how" and "why" situations? Special emphasis has to be placed on the integration of discrete skills and abilities which comprise independent and effective use of listening. It is recognized that many areas of listening must be highly trained if the visually impaired student is to function adequately. The development of these abilities must not be left to chance.

NOTE: The preceding material was excerpted from *Listening: A Curriculum Guide for Teachers of Visually Impaired Students*. Edited by M. Bernadette Alber. Copies of this volume are available either on loan through the three Pennsylvania Special Education Regional Resource Centers or for purchase through the ERIC Document Reproduction Service under the ERIC number ED 140 532.

NIMIS INFORMATION AVAILABLE THROUGH PRISE

The National Information Center for Special Education Materials (NICSEM) located at the University of Southern California, provides state education agencies and their designated liaison with information on instructional materials for handicapped children. This information is provided primarily through the National Instructional Materials Information System (NIMIS), a computerized data base operated by NICSEM.

In Pennsylvania, PRISE has been designated as the state liaison to NICSEM. As a result, special educators and administrators throughout the state now have access to the NIMIS data base through PRISE. When clients request instructional materials information, PRISE will generate a computerized list from the NIMIS system. The list will then be sent to the Special Education Regional Resource Center serving the client's region, where it will be supplemented and forwarded to the client.

To request information, contact the PRISE Liaison in your Intermediate Unit. Special education private schools, state schools and hospitals, and other special education facilities should contact PRISE directly.

Pennsylvania Deaf-Blind Center
The Department of Education has been awarded a grant to provide supplementary services to the five schools and agencies in the state which offer programs for deaf-blind children. Approximately 150 persons aged 3-21 in Pennsylvania have been identified as deaf-blind. Activities the Pennsylvania Deaf-Blind Center will engage in include: establishing a registry of deaf-blind children, organizing parent and professional advisory committees, providing consultation and technical assistance to schools and agencies, and—in cooperation with the Pennsylvania Materials Center for the Hearing Impaired—conducting in-service sessions for vision and hearing professionals. For further information contact: Elinor H. Long, Special Education Resource Network, 236 Union Deposit Mall, Harrisburg, PA 17111. Telephone: 717/783-3238.

Parent Involvement Program
To assist blind students who are being mainstreamed and their parents alike, Northeastern IU 19 has begun a program to actively involve parents in their children's education through a series of monthly parents' meetings. After a mobility specialist spoke at the first meeting, the parents helped plan an orientation and mobility assessment program for the visually impaired students in the area. The meetings have also been supportive for the parents of mainstreamed students as they become exposed to the social, emotional, and educational problems of their children on a full time basis. For further information contact: Jeanne Beck-Gardier, Washington School, 159 Bellman, Throop, PA 18512. Telephone: 717/344-9233.

Interdisciplinary Team for Multiply Handicapped Children
Butler County in Midwestern IU 4 has developed an interdisciplinary team of teachers, supervisors, clinicians, psychologists, and parents to work with multiply handicapped, vision impaired children. The children range from TMR through PMR levels, and more than half of the students reside in institutional settings. Special diagnostic tools, assessment devices, and teaching materials have been developed or adapted to meet the special needs of these children. In conjunction with this program, the IU is also participating in the Pennsylvania Training Model project to develop teams to work with severely and profoundly retarded children within six intermediate units. For further information contact: Christine Roman, Clarence Brown Special School, 1104 Pittsburgh Pike, Butler, PA 16001. Telephone: 412/287-4156.

Intelligence Test for the Blind
The Stanford-Ohwaki-Kohs Block Design Intelligence Test for the Blind was designed for use with the visually handicapped who are 16 years of age and older. Originally developed in Japan, the test was later revised and standardized by Stanford University School of Medicine for use in the United States. The instrument consists of a manual, record forms, and test materials. The testing materials include 18 stimulus designs, each mounted on a 8½" x 11" cardboard backing, and 18 blocks. Both the stimulus cards and the blocks are covered with varying combinations of fabric, including flannel, silk, flax, and cotton. Through tactual examination of the stimulus cards, the examinee is required to reproduce the design portrayed on the cards by manipulating the necessary number of blocks. Examiners should have the general testing background required to administer any psychological test. The test is

timed, and takes from 1 to 2 hours to administer. In addition to providing directions for administration and test interpretation, the manual also includes validity and reliability data.

Western Psychological Services, 12031 Wilshire Blvd., Los Angeles, CA 90025. $67.50.

The Use of Cognition Mapping Techniques with the Visually Handicapped

Cognitive mapping is a process through which individuals reconstruct from memory various locations encountered in their daily environment. By using three-dimensional materials, the visually handicapped are able to construct a map similar to that of a sighted person. Using this technique, a study was conducted to gain further insight into the way that blind people perceive their surroundings. Ten congenitally blind and ten partially sighted high school students attending a state supported school for the blind were involved in the study. The partially sighted students served as a control group and provided baseline data which the performance level of the blind students could be judged against. Each student was asked to construct a tactile map of the school campus using a set of miniature wooden buildings and long strips of adhesive cloth. All students were tested individually and in random order. The partially sighted students were blindfolded while performing the task. Results showed the blind students were unable to identify as many buildings as the partially sighted. They also exhibited, on the whole, a different means of organizing their perceptions. In contrast to conceptualizing and ordering the elements of their environment into a holistic and interdependent framework, most of the blind students organized their maps into a number of discrete sets of objects. It was also found that the blind subjects who made the most accurate reproductions of the campus were those who were also the most capable of independent mobility. In contrast, those students who organized their maps in a more piecemeal fashion tended to have far less independent travel ability than their blind counterparts who had made holistic maps. Thus, there appeared to be a strong relationship between the kind of map constructed by a blind student and his or her degree of independent travel abilities. The authors conclude that while the blind students showed varying degrees of skill in mapping abilities, their greatest difficulty appeared to be in conceptualizing their environment as a total spatial setting. The author suggests that cognitive mapping can be an instructional aid to help the visually handicapped develop the skills necessary for appropriately conceptualizing their environments.

Casey, S. M. Cognitive mapping by the blind. *Journal of Visual Impairment and Blindness*, 1978, *72*(8), 297-301.

Barragas, N. C. **Visual Handicaps and Learning: A Developmental Approach.** Wadsworth Publishing Co., Belmont, CA 94002. 1976. 113 p. $3.95. This book describes the educational problems and development of blind and partially sighted children. The importance of the young child's affective growth, especially as it relates to psychomotor and cognitive development, is stressed. Individual chapters discuss the facilitation of learning through exploration and movement, and the use of tactile and auditory senses. Differential programming, appropriate usage of available educational media, and assessment and evaluation are all considered in light of the wide range of differences among those with visual impairments.

Fraiberg, S. **Insights from the Blind: Comparative Studies of Blind and Sighted Infants.** Basic Books, Inc., 10 E. 53rd St., New York, NY 10022. 1977. 297 p. $11.95. A report on clinical observations of the behavior and growth patterns associated with young children totally or nearly totally blind from birth. The author describes a communication system between mother and child which must be derived from a vocabulary of nonvisual signs and signals. The development patterns of human attachments of blind and sighted children through such actions as smiling and discriminatory tactile behaviors are compared. The unique adaptive problems in prehension (coordination of eye and hand) are examined, and stage-specific characteristics are presented in a profile of a blind infant in the first year. The blind child's gross motor development, language acquisition, and self representation in play are also described.

Hadary, D, E , & Cohen, S. H. **Laboratory Science and Art for Blind, Deaf and Emotionally Disturbed Children. A Mainstreaming Approach.** University Park Press, 233 East Redwood St., Baltimore, MD 21202. 1978. 383 p. $24.50. A curriculum guide in art and science which provides mainstreamed elementary students with experiences in discovery, description, and demonstration within laboratory/studio settings. Each lesson plan includes photographs, concepts to be taught, materials needed, preparation and procedures, and suggestions for adaptations to meet the special needs of the deaf and blind. A discussion of classroom management, helpful teaching strategies, and techniques for working with the special child provide a framework for the development of an art and science program in a least restrictive environment.

Harley, R. K., & Lawrence, G. A. **Visual Impairment in the Schools.** Charles C Thomas, 301-327 East Lawrence Ave., Springfield, IL 62717. 1977. 153 p. $10.75. This book provides parents and teachers with a foundation for understanding the structure and function of the eye, its diseases, and the process of visual learning for children with visual impairments. Optical defects, ocular abnormalities, and diseases for the eye are described. Tests useful in a vision screening program are identified. Suggestions are given for creating a good environment for the vision impaired through control of classroom brightness, contrast, time, distance, and image size. Types of optical aids are described. An appendix includes sources for educational materials, a plan for a school vision screening program, and a glossary of terms.

May, M. **Nonverbal Communication and the Congenitally Blind: A Subject Bibliography of Print and Non-Print Materials for the Development of Training Programs.** American Foundation for the Blind, 15 West 16th St., New York, NY 10011. 1977. 59 p. $2.00. A bibliography of annotated citations useful in the development of programs to train the blind in the use of nonverbal communications (kinesics). Listings cover material which addresses the theoretical basis of learning and using communicative behaviors. Also included are selections describing kinesics programs used in theater, dance, and physical education. Major emphasis is on studies which have used nonverbal communication to eliminate "blindisms" (socially unacceptable gestures). A list of educational materials for use in kinesics programs for children is also included.

Stuckey, K. A.; Kaehler, T., & Minihane, W. M., (Eds.). **Deaf-Blind Bibliography: Revised Edition.** Perkins School for the Blind and New England Regional Center for Services to Deaf-Blind Children, 175 North Beacon St., Watertown, MA 02172. 1977. 186 p. $3.00. A bibliographic listing of current books, articles, films, bibliographies, pamphlets, and unpublished papers which deal with the deaf-blind. Citations are included under topics such as parenting, professional care, medical management, the primary senses, evaluation and testing, training and education, and posteducation services.

VersaBraille, an Electronic Paperless Braille Information Processor is designed to enable a blind person to read braille information on an electronic tactile display rather than on paper. **VersaBraille** is not only a Reading System, but it is also a Writing, Editing, Indexing, Note-Taking, and Audio Recording System. As a Reading System, the Processor displays braille information—which is stored on a cassette tape—via 20 electronic braille cells, each cell containing the usual six dots which are raised to form braille characters. Reading speed on the 20-cell display is comparable to paper braille reading rates, and there is a significant cost reduction. As a Writing System, the device enables the user to write more comfortably with less fatigue and at a faster rate than writing on a mechanical brailler. As an Editing System, the microcomputer in the Processor allows for storage of a 1,000-character braille "page" in memory enabling the user to erase mistakes, change words, add lines and paragraphs within a page boundary. The Indexing System of the Processor, because of the microcomputer component, organizes recorded braille and audio information by category, e.g., in client files, business contacts, addresses, telephone numbers, notes and recipes. This feature eliminates searching hours through pages of paper braille or through audio tapes. As a Note-Taking and Audio Recording System, because of the silent operating feature of the keyboard, a person can take notes on the Processor inconspicuously in classes, meetings and other group settings where noise would be a distraction. Also, because of the unit's Audio Recording System the user has the option of taking notes in braille or directly recording his or her voice on tape. The Paperless Braille Information Processor can be used as a braille instruction aid, and as a tool for the production of individualized assignments. The editing feature is a convenient way for students to make corrections on assignments and for teachers to insert comments on the student's cassette tape. The student can take notes at a faster rate and with more ease and the editing capability allows the student to correct or revise notes during or after class. **VersaBraille** is scheduled to be marketed midyear 1979.

Telesensory Systems, Inc., 3408 Hillview Avenue, P.O. Box 10099, Palo Alto, CA 94304.

Finding My Way is one of the six mini-documentaries from the Zoom series designed to provide positive images of special education students to regular students. **Finding My Way** is a film about a visually handicapped boy named Timothy. In the film, Timothy recounts his experiences in a public school with other kids, and his feelings of adjusting to them and their adjustment to him. Timothy talks about learning to travel by himself with the aid of a cane and under his teacher's instruction. His teacher plans a travel route for him and, after mapping it out, asks him to locate his starting and finishing points. The viewer then sees Timothy on his walk and hears him express his feelings as he crosses the street: "... it's really taking a risk... but you have to learn to judge and listen, and learn to do it." While Timothy and his brother are playing, Timothy thinks to himself: "... that people feel sorry for blind people; but if they had a blind brother or sister in their family, they wouldn't have to." At the end of the film, Timothy and his brother are riding on a cable trolley and Timothy thinks:"... I'm not sure what I want to do some day, but I feel if I like something, and I try hard at it, I can get somewhere... I think anybody can."

16mm/color/sound/8 minutes/1976/$115.00

Films Incorporated, 733 Green Bay Road, Wilmette, IL 60091.

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issues and happenings in the education of the physically handicapped
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ROBERT G. SCANLON—Secretary of Education,
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COMPREHENSIVE SERVICES FOR THE ORTHOPEDICALLY HANDICAPPED: AN ALTERNATIVE APPROACH

Carol d. Fusco
Office of Programs for the Handicapped
South Carolina Department of Education

The enactment of Public Law 94-142, the Education For All Handicapped Children Act of 1975 and, equally as important, its civil rights counterpart, Public Law 93-112, the Vocational Rehabilitation Act Amendments of 1973, were especially meaningful for children with orthopedic handicaps. The federal mandates insured that the physical needs of these children would not be allowed to stand as a barrier to an appropriate education. Yet as educators move to create individualized programs for this population, they are discovering a number of inherent difficulties which must be resolved. Children with orthopedic handicaps represent a low incidence area and, on the basis of number alone, many barriers to a comprehensive education program exist.

Small numbers often mean that there will be so few children in need of a self-contained class that only one program will be required in a local educational agency. Therefore, both a five-year-old and a fourteen-year-old handicapped child could be found in the same program. Age differentials may be equally as heterogeneous in the resource room model. In such a situation the self-concept of the disparately aged pupils would be affected, and the program competencies and planning requirements for the teacher would be almost impossible. The age differential is further complicated when we recognize the myriad diagnoses and levels of severity within each orthopedic handicap. Thus, the teacher must become knowledgeable in the complex medical aspects of various orthopedic handicaps as well as be able to provide meaningful instruction from, perhaps, the preschool to the high school level.

Another problem generated by the low numbers of pupils is the "same-teacher-each-year syndrome." Since only a limited number of pupils with orthopedic handicaps reside in a local educational agency, few teachers are required. The result may be that a child in a self-contained program may have the same teacher four or five years in a row, rather than the typical yearly rotation of teachers offered to nonhandicapped pupils. Given the enormously difficult task previously delineated, the "same-teacher syndrome" is almost unconscionable.

Although their number is limited, orthopedically handicapped children require a variety of related services. In addition to occupational and physical therapists, children with orthopedic handicaps often need counseling, which can be provided to them most efficaciously by specially trained counselors. Also, vocational guidance/career education, and health and social services—traditionally viewed as a luxury—are very integral parts of the comprehensive programs needed by these pupils. Yet local educational agencies may attempt to justify a lethargy in employing support personnel by citing the fact that the low numbers of children would not warrant the need nor generate the funds to employ personnel at a cost efficient level.

The financial aspects of supporting appropriate programs for this population are especially demanding. In order to establish appropriate programs for children with orthopedic handicaps in each school district, funding must be provided for: the equipment (both classroom and therapy) necessary in various locations throughout a district; the purchase of contracted services or employment of therapists on a part-time basis to meet the needs of the small numbers of pupils; and the major renovations needed to remove architectural barriers in schools serving the orthopedically handicapped. These necessary yet costly provisions are very clearly the responsibility of the district, as it ensures that an appropriate education be accorded to the handicapped children within its domain.

A final barrier in providing programs for the orthopedically handicapped is meeting the least restrictive environment requirement of Public Laws 94-142 and 93-112. These laws mandate that handicapped children not be taught in isolation to any extent beyond that which is in their best interest. However, because children with orthopedic handicaps have complex physical/therapeutic needs, historically they have been educated in isolated or clinical settings so that therapeutic services could be provided along with their educational program. When these children are taken out of this setting, they are often confronted with teachers and peers who have had limited exposure to the orthopedically handicapped. The result may be minimal or token acceptance.

An alternative approach to overcoming these barriers is the consolidation of local educational agencies and efforts in order to regionalize services to this population. Four benefits accrue from consortium efforts: provision of a larger population base, both pupil and staff; provision of a larger financial base; reduced single-district expense for related services, and facilities renovations; and reduced single-district effort for staff and media/materials development. A consortium approach, coupled with centrally locating the schools where the students will be mainstreamed, would also eliminate the overlap/duplication of effort and promote the coordination and delivery of high quality, comprehensive services to children.

The increased population base would reduce age differentials in self-contained classrooms. Rather than having one class with children ranging in age from six to fifteen years, two or three classes could be established with optimum age spans of three to four years in each program. The increased number of teachers would improve instruction by reducing the number of

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academic levels, and perhaps academic areas, each teacher would have to address, as the opportunity for departmentalization presents itself. Finally, the additional programs would facilitate teacher rotation.

The increased financial base generated by consortium efforts would facilitate the expansion of related services and staff development and training. Rather than single districts employing part-time support personnel, utilization of these services would be on a much more efficient basis. A regional staff could become a coordinated team of trained personnel, enhancing professional development through intensive in-service training, collaborative efforts, and curriculum development. And, consortium member districts would realize greater returns on their financial contribution in the form of a comprehensive related services program. Expensive therapy equipment could be purchased through the multi-district effort and facilities renovations for the orthopedically handicapped would be limited to a small number of locations.

Maintaining a permanent central location would also have secondary, but equally as important, benefits. Teachers of nonhandicapped children, in whose classrooms the pupils with orthopedic handicaps would receive varying degrees of instruction, would become more acquainted with the varying needs and instructional approaches for this population and nonhandicapped pupils would become more accepting and supportive of their peers with handicaps. Through this continual interaction, integration of pupils would be made easier and more effective with each ensuing year.

While the consortium approach may be viewed as infringing upon the least restrictive environment requirement, debate must revolve around the concept of "appropriate." Through the consortium approach to serving this population, in some instances, pupils would be taken from their home school district and transported to the central school. The consortium alternative, though, has the capability of offering the full spectrum of services, delivered by highly qualified personnel, and provided in the intensity necessary to make a difference. Thus, appropriateness of programs can, indeed, be provided.

Through the consolidation of local educational agencies, human and material resources may be merged to bring about quality educational programs for children with orthopedic handicaps where no programs or inadequate, inappropriate programs presently exist. As a result, a philosophy expressed by Dr. Edwin Martin, Deputy Commissioner, Bureau of Education for the Handicapped, can truly be actualized: "We have moved out of the era of charity into the era of rights for the handicapped."

Ecology Workshop for Teachers and Students
The Schuylkill Valley Nature Center in Philadelphia is beginning the second year of a National Science Foundation funded program called "Ecology Field Experience for the Handicapped High School Student and His/Her Teacher." The goal of the project is to provide physically handicapped students of normal intellectual ability and their science teachers with field experience in environmental education. In keeping with this aim, the Center will be offering a free workshop this summer for 20 teachers and 20 students. The program for teachers, which includes six tuition-free graduate credits from Beaver College, will run from June 25 through July 27, 1979. During the first half of the session, teachers will receive instruction in basic ecological concepts through lectures and field instruction. Twenty handicapped students will join the teachers for the second half of the program when field oriented investigations will be conducted. Both teachers and students will participate in follow-up activities during the 1979-80 school year. For applications and further information contact: Laura Lee Lienk, Schuylkill Valley Nature Center, Hagy's Mill Rd., Philadelphia, PA 19128. Telephone: 215/482-7300.

Physical Education Conference
"The Consumer Speaks: An Evaluation of Physical Education, Recreation, and Sports by People with Special Needs," a national conference for persons with specific types of handicapping conditions (visual and hearing impaired, cerebral palsy and multiple conditions, and ambulatory disabled) will be held at the Sheraton South Motel in Nashville, Tennessee, May 4-6, 1979. The conference will address general and specific aspects of physical education, recreation, sports, and related activity programs designed for people with special needs. The focus of the program will be on whether existing programs are relevant to the needs and desires of the handicapped. Timothy Nugent, Director of Rehabilitation Education at the University of Illinois will keynote the conference. For further information contact: Unit on Programs for the Handicapped, American Alliance for Health, Physical Education, and Recreation, 1201 16th St., N. W., Washington, DC 20036.

Allegheny IU Mainstreaming Program
In keeping with least restrictive environment rulings, Allegheny IU has undertaken a program to assist in mainstreaming physically handicapped students who are usually educated in seven special education centers. The procedures involved in the mainstreaming effort include reviewing and updating students' files with their special education teachers; consulting with local school personnel, parents and students; conducting joint visits to local schools; assisting in scheduling and IEP development; and providing follow-up assistance. From a population of 155 physically handicapped students, 12 have been mainstreamed so far, and all are making satisfactory or better progress in both academic and nonacademic areas. For further information contact: Gloria Rocereto, Allegheny Intermediate Unit, Suite 1300, Two Allegheny Center, Pittsburgh, PA 15212.

Music Lessons for the Physically Handicapped
The Moss Rehabilitation Hospital and the Settlement Music School are expanding their cooperative music program. Now cosponsored by the Variety Club the program is offering individual music lessons to physically disabled students at Moss and at the three branches of the Settlement School. Both music workshops in the fundamentals of music and rhythm and private instrument instructions are being taught by professional music instructors specially trained in working with the physically handicapped. Unlike music therapy which avoids the person's handicap, the Moss/Settlement program focuses on the disabled limb to augment other therapies. Children from preschool to age 21 who have such disabilities as cerebral palsy, juvenile rheumatoid arthritis, amputation, spinal cord injury, muscular disease, orthopedic handicaps and developmental disabilities are being accepted into the program. Children applying for lessons are evaluated by a multidisciplinary team and instruments are selected on the basis of interest and appropriateness. Classes range in price from $90 a year for workshops to $6 per half hour for private lessons. Scholarship assistance is available for those unable to pay the full cost. For further information contact: Jean Burks, Moss Rehabilitation Hospital, 12th St. and Tabor Rd., Philadelphia, PA 19141. Telephone: 215/329-5715.

Attendant Care for the Physically Disabled

National surveys have indicated that approximately one percent of the working-age disabled population needs some help with attendant care (defined as regular in-home personal care services vital to the well-being of a disabled person). In light of these findings, the present article examines the need for adequate attendant care as viewed by the rehabilitation institutions and programs throughout the country. Of the 386 questionnaires mailed to rehabilitation agencies, institutions, and programs, 131 were returned. Four general areas were surveyed: background information on each agency, the perceived need for attendant care, attendant services and programs currently available in their facility, and possible solutions to the reported gaps in attendant services. The majority of the agencies responding to the survey (94%) worked predominantly with persons having severe physical disabilities, including spinal cord injury, cerebral palsy, multiple sclerosis, and stroke. Although some respondents only served adolescents and older, most served clients of all ages. Most respondents agreed that attendant care was of great importance to disabled clients in promoting independence, maintaining restored physical condition, decreasing hospitalization, and improving overall health. Many reported that their client populations contained persons who did or could live independently with attendant care. Alternatives for those who could not locate or afford attendant care seemed to be living in a nursing home or with their families, or else be forced to live alone and manage as well as they could. Although almost one-half of the respondents reported having some form of attendant training program, only about one-quarter were involved in recruiting or screening persons interested in attendant work, or in placing attendants with persons needing attendant help. One of the biggest problems mentioned by the respondents concerned attendant recruitment. Attendant service is generally viewed by the public as low-prestige employment. It was suggested that ways be developed to dignify and professionalize the attendant role, creating more psychological as well as material rewards. Many respondents also stressed the importance of educating the public about the need and cost effectiveness of attendant care. Among the areas of further research suggested by this study were the need for attendant care as perceived by disabled persons and the role of the attendant worker as seen by the persons currently employed as attendants.

Thornock, M., et al. Attendant care needs of the physically disabled: Institutional perspectives. *Rehabilitation Literature*, May 1978, *39*(5), 147-153.

Testing the Physically Handicapped

The Quick Test, published by Psychological Test Specialists, is an individualized intelligence test based on perceptual-verbal performance. The test requires only the ability to observe drawings, hear or read word items, and signal yes-no responses, and can be used to estimate the intelligence of the physically handicapped.

Three plates containing four line drawings each are used. The subject is asked to indicate which of the four drawings on a plate best illustrates the meaning of a given word. Testing continues until there have been six consecutive passes and six consecutive failures. Total testing time ranges from three to ten minutes. Responses are recorded on a special record sheet which lists the word items, their correct answers, and their difficulty level. The record sheet also includes norm tables and space for other information related to test administration. Scoring is simple and objective. Credit is received for all correct answers, regardless of whether or not they were given for the right reasons. The manual lists procedures for handling problems such as guessing. The manual also provides norms and standardization procedures. High reliability and validity estimates are reported on all three forms of the test. The Quick Test correlates strongly with the Full Range Picture Vocabulary Test, which has demonstrated high correlations with the Revised Stanford-Binet and the Wechsler. The Quick Test can be administered by anyone with a knowledge of the principles of psychological testing. As interpretation of this test requires specialized training, orders must be accompanied by the name and a statement of the qualifications of the person who will be responsible for its ethical use.

Psychological Test Specialists, Box 9229, Missoula, MT 59807. Tester's Set $16.00.

Love, H. D. **Teaching physically handicapped children: Methods & materials.** Charles C Thomas, 301-327 E. Lawrence Ave., Springfield, IL 62717. 1978. 160 pp. $11.50. Intended as a combination text and resource book, this volume provides methods and materials for teaching children with orthopedic, sensory, or special health problems. Approaches to evaluation, description, and education are explained. Historical consideration of the physically handicapped child, psychological and educational evaluation, vocational placement, the teaching of language arts, educating cerebral palsied children, and architectural barriers are among the topics discussed. Chapters on short-term educational goals for children with serious health problems and on an analysis of how parental attitudes affect school adjustment and achievement are also included.

Redick, S. S. **The physically handicapped student in the regular home economics classroom: A guide for teaching grooming and clothing; A guide for teaching housing and home care; A guide for teaching nutrition and foods.** The Interstate Printers & Publishers, 19-27 N. Jackson St., Danville, IL 61832. 1976. 3 v. $6.75 each. These guides are designed to give teachers curricular suggestions for both nonhandicapped and handicapped students. The aim is to assist home economics teachers in working with students who are handicapped due to limited use of hand(s); lack of ability to combine body movements harmoniously, and immobility. The guides will be useful if objectives, generalizations, and learning activities are chosen according to the individual needs of the class. The contents are geared to the needs of 13- to 15-year-old students.

Strom, M. G. **Library services to the blind and physically handicapped.** Scarecrow Press, 52 Liberty St., P.O. Box 656, Metuchen, NJ 08840. 1977. 285 pp. $12.00. This is a collection of 28 articles which have appeared in various periodicals over a span of ten years. While the people served by the Library of Congress, Division for the Blind & Physically Handicapped network, are the focus of the book, there are selections about library services for the disabled reader; deaf young people; the mentally retarded; the physically disabled (with an emphasis on architectural accessibility); homebound service; hospital service; and service to the elderly. The book covers the significance of service to the handicapped and offers practical suggestions for improving what is already being done in this area. It includes a detailed index.

Trombly, C. A., & Scott, A. D. **Occupational therapy for physical dysfunction.** The Williams & Wilkins Co., 428 E. Preston St., Baltimore, MD 21202. 1977 422 pp. $22.50. This book presents the theoretical bases of and approaches to occupational therapy for the physically disabled. It describes three treatment approaches to assist the physically handicapped person reach a high level of independent functioning and life satisfaction: the neurodevelopmental, biomechanical, and rehabilitative approaches. Evaluation procedures, treatment principles, and techniques within each approach are discussed. Specific diagnoses are used to illustrate the application of treatment principles and techniques as well as to point out unique treatment problems.

Weinberg, N. and Williams, J. **How the physically disabled perceive their disabilities.** *Journal of Rehabilitation*, July/August/September 1978, *44*(3), 31-33. This article reports the results of 170 questionnaires which were distributed to physically disabled persons during the 1976 Illinois White House Conference on the Handicapped. The findings indicated that the disabled did not view disability as a great tragedy. Generally, disability was viewed in terms of being a fact of life or an inconvenience. Beyond this the people surveyed were divided in their attitude towards their handicaps. The study indicates the discrepancy that exists in the attitude of the nondisabled and disabled towards disability. A major limitation to this study was that the subjects were not randomly sampled.

Developmental and Adapted Physical Education

Project ACTIVE (All Children Totally Involved in Exercise), a producer of numerous physical education materials, has recently released another program entitled **Developmental and Adapted Physical Education.** This series of competency-based manuals has been designed to train physical education and recreation specialists to successfully implement a physical activities program with children displaying a variety of handicapping conditions. All participants should leave the training with skills enabling them to accurately evaluate their students' strengths and weaknesses, and thereby prescribe the individualized remedial activities based on each child's needs. Besides the Teacher Training Manual, seven other books are available stressing such topics as, low motor ability, low physical vitality, postural abnormalities, motor disabilities or limitations, nutritional deficiencies, breathing problems, and communication disorders. Through a coordinated effort by physical educators, special educators, and school nurses, the program can be implemented without additional personnel. Individual manuals may be purchased and utilized separately or in varied combinations.

Dr. Thomas M. Vodola, Director, Project ACTIVE, Ocean Township Elementary School, Dow Avenue, Oakhurst, NJ 07755. Complete series $64.50. 1977.

Changes is a film designed to give the viewer a feeling for the physically handicapped student at a university campus, and to assist educators in promoting and implementing Section 504 of the Rehabilitation Act of 1973 and Public Law 94-142. The film shows physically handicapped students attending a university. The viewer sees a student in a wheelchair in a lab studying to be a biologist; another student with a pencil or brush in mouth in a drawing class; another student with unclear verbal skills is heard talking in his business class about his use of the computer and the resultant computer printout. At the university pool, an alumnus who works at the university as an administrative analyst talks of his concern for independence. An Office of Special Services has been created at the school to provide support and assistance to handicapped students, and they offer a video feedback program which instructs students in job search and interview techniques and resume preparation. One of the main images of physically handicapped persons is their "inability to get around" and, in accordance with Section 504, ramps, lifts, handrails and other architectural accommodations are shown. Still, the students express a need for increased accessibility to college facilities so that through their presence they can continue to break down the myths about their disability.

16mm/color/sound/29 minutes/1978/$335.00

Producer/Distributor: Stanfield House Films, 12381 Wilshire Blvd., Suite 203, Los Angeles, California 90025

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PRISE reporter

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ROBERT G. SCANLON—Secretary of Education,
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GUIDELINES FOR EVALUATING AND WRITING READING MATERIALS FOR DEAF STUDENTS

Elaine Costello
Director of Curriculum Development and Research
Gallaudet College

Educators have long been perplexed that deaf children, who learn primarily through visual means, often have severe reading problems which hamper visual learning. Seeking to bypass reading difficulties, classroom teachers would utilize instructional materials which corresponded to a child's standardized reading test scores, only to see the reading, and thus learning, obstacles remain in place. If the school performance of deaf students is to be improved, a better way of matching reading ability with reading materials must be found.

There are a variety of explanations for the reading/learning problems of the deaf. Contributing factors include the impact of deafness on language acquisition, the fallibility and structure of standardized reading tests, the idiomatic nature of English, and more. But central to the problem is that reading assumes a knowledge of language, and knowledge of language is often deficient in deaf children.

Three aspects of English are potentially troublesome for the deaf student: vocabulary, syntax, and idiomatic usage. Teachers are generally aware of their deaf students' difficulties with the vocabulary of content materials they teach, and they extract the vocabulary from the material and teach it prior to studying a unit. A lexicon is necessary, of course, but knowing a number of vocabulary items is not the same as knowing a language. The conventional meaning of a language is contained largely in its structure or grammar. Therefore, a thorough presentation of vocabulary will not guarantee that the students will understand the content of the reading passage containing that vocabulary. This problem is further compounded when a reading passage contains idioms, for the meaning of an idiomatic phrase is usually not related to the meaning of the individual words.

The deaf students' deficient development of English syntax can be directly attributed to the deprivation of an early spoken language stimulus. Research has shown that unless the child has enough early language exposure to establish a native language, all languages will remain as foreign languages and will be learned with difficulty and under circumstances which will make it impossible to become as fluent as natives. Thus, it is difficult to determine whether a child's standardized reading test score indicates an inadequate language facility, poor development of reading skills, or some combination of deficiencies.

Since English serves as a carrier for the content of all subjects, deaf students with language problems tend to be low achievers in school. The pervasive nature of this problem demands that educators identify reading materials which compensate for their deaf students' language deficiencies; yet those who look to the research on the topic for guidance will find conflicting information.

A recent study at the National Technical Institute for the Deaf in Rochester, NY, indicated that controlling the lexicon of a passage had a greater influence on deaf students' comprehension than controlling the grammatical structure. This finding is the antithesis of commonly practiced techniques used by teachers and instructional designers for developing and modifying instructional materials. Another study a few years ago, which established norms for vocabulary knowledge for deaf children, showed that the number of words known in common by deaf children increases steadily with age. However, it was projected that the breakdown of the reading process was more likely to be attributable to grammatical problems than to vocabulary deficiencies.

With all of this disagreement and potential for error using standardized reading scores and grammar versus syntax modifications, another study which charts an entirely new course in evaluating and writing materials for deaf students holds great promise. A six-year language study by Quigley, Wilbur, Power, Montanelli, and Steinkamp at the University of Illinois has identified the major syntactic structures in English which deaf students, ages 10-18, find difficult. Although the structures have been assigned to four levels of difficulty reflecting the order of their acquisition, the levels are not analogous nor assigned to specific reading levels. The study includes information concerning question forms, conjunctions, negation, reflexives, passives, relative clauses, complements, and adverbials—all of which have been identified as presenting particular problems for deaf students.

The following passage is from the end of a story in a Ginn Basic Reader written at the Primer level:

Big Dog jumped up! He did not stop to see who called. He ran away fast! Fast! The kittens ran to get the dinner. Then they said, "We did make the big dog run. My, my! We did have fun!"

Although it is considered to be at Primer level, using the data from the Quigley, et al. study, this brief reading passage might be characterized as being at Level II for deaf children because of the following syntactic structures. The sentence *He did not stop to see who called,* contains a negative form *(not)* used with a simple modal *(did)*, an infinitive complement *(to see)*, and a relative clause at the end of the sentence *(who called)*, all of which are identified as Level II structures and are acquired quite late by deaf children. . . . *to get the dinner* and . . . *the big dog run* are additional Level II constructions in the passage. And yet, although deaf students would have difficulty processing this passage, it is a simple reading task for hearing six-year-old children.

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The consequence of requiring deaf children to read material which they cannot understand may be that they will project a meaning other than what the writer intended, or they may become confused and derive no meaning from the passage at all. For that reason, it is vital that assigned reading material be accurately matched with the deaf student's ability. This matching is complicated both by the difficulty in assessing the reading ability of deaf students, and by the difficulty in deciding upon the reading level of printed materials, since most readability measures do not account for idioms and are not highly sensitive to the complexity of the vocabulary. Similarly, most readability measures depend on sentence length to determine complexity rather than examining the syntactical structures that are used. Thus, a very short sentence may indicate that it is very simple on a readability test, while in fact, it contains difficult syntactical structures which are acquired quite late by most deaf children.

The question of why hasn't anyone produced materials to date using Quigley, et al.'s definitive data regarding deaf children's acquisition of language may seem puzzling. But the reason is clear; the data are new, and funding for development efforts for deaf students is limited because of the lean market for any such materials.

Should a teacher adapt existing texts or develop new materials for deaf children, utilizing the guidelines presented in Quigley, et al.'s work? The decision as to whether to write or revise materials must be based on several factors. To write original material will take considerable time to research and organize; however, sometimes, it is easier to write original material than to do rewriting. In order to revise materials, each sentence must be analyzed and modified to eliminate difficult structures and vocabulary. The advantage of rewriting is that the material will contain the information of the original copy, but simplifying material usually results in longer text with shorter sentences which may intimidate the reader. Alternative possibilities include rewriting only the highlights of the original material, or writing original material based on selected facts of published material. In each case, the deaf student's level of syntactic comprehension must provide the basis for determining the level of material for selection or development.

There are a number of do's and don'ts in measuring the deaf student's reading ability. Don't use written compositions to measure linguistic development. It is impossible to control the stimulus to the extent that the deaf subjects will be stimulated to produce a full range of linguistic structures. Usually, there will be little opportunity to produce questions, negatives, and other sentence forms that have been identified as characteristic of the various developmental stages of language acquisition. Also, studies in language acquisition support the assertion that understanding precedes production. Particular constructions are ordinarily understood receptively before the same constructions are produced expressively. Therefore, to measure syntactic comprehension, receptive evaluative measures should be used.

There are two techniques/instruments which can be used to provide a great deal of information about the deaf student's ability to comprehend various syntactic structures. The Cloze technique involves deleting the fifth word in a selected reading passage of about 250 words. The examiner must then analyze whether or not the student was able to provide the correct form class to complete the passage. A charting of the structures the child used will indicate whether the student has assimilated a knowledge of the rules of English. Although the Cloze procedure provides information regarding a deaf child's grasp of syntax, the results are tedious and difficult to analyze. Perhaps easier to administer, the *Test of Syntactic Abilities* developed by Quigley, et al. appears to provide appropriate indicators of syntactical comprehension. The *Test of Syntactic Abilities* does not attempt to relate its results to grade level, but it does differentiate between the various structures the deaf child has and has not mastered. Such information should be invaluable to teachers as they evaluate or write materials for deaf students to read.

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Walter, G., & Drury, L. The effect of syntactic complexity on the reading comprehension of hearing impaired college students. Paper presented at the Model Secondary School for the Deaf Research Conference, Washington, DC: September, 1978.

Visual Testing of the Deaf

Contrary to the general assumption that vision is enhanced by a hearing impairment, research has shown that deaf children exhibit visual disorders with a greater frequency than the general population. Since a hearing impairment places increased demands upon visual functioning, any untreated visual problem may hinder the deaf child's ability to learn in the classroom, where eye movement, focusing, and binocular coordination skills play a vital role in the learning process. School vision testing programs that use only the Snellen Eye Chart are useful in the detection of myopia and astigmatism (i.e., visual acuity), but they do not reveal other visual impairments. The present article describes an in-depth screening battery developed and utilized at one New York school for the deaf. One hundred fifty-six students ranging in age from 3 to 14 years participated in the testing program. Vision screening was performed by an optometrist, and medical records on each student were examined, providing a developmental, medical, and eye care history. Visual acuity was measured using the standard Snellen Chart and the New York Lighthouse Picture Matching Chart. The children were also tested for binocular coordination in the areas of depth perception, eye movement control, eye convergence, and accommodative amplitude (the degree to which the eyes can focus from distant to near objects). Color testing was accomplished with the Guy's Color Test for Young Children. Results showed a high incidence of all visual anomalies in the school-age population of deaf children tested. Many of these visual disorders could not be diagnosed through standard visual acuity tests alone. The author suggests an in-depth visual evaluation of all deaf children upon entry into a special program. In addition to examining for visual acuity and the need for glasses, these evaluations should address themselves to each child's ability to meet the visual demands of the particular classroom in which they will function. In this way, the proper supportive care can be given, and the effectiveness of the children's educational program will be increased.

Greene, H. A. Implications of a comprehensive vision-screening program for hearing-impaired children. *The Volta Review,* December 1978, *80*(7), 467-475.

Delaware County IU Initiates New Program

The Delaware County Intermediate Unit has received a Title VI-C grant to initiate a model Parent/Infant/Preschool program for young hearing impaired children and their families. An interdisciplinary team including a parent advisor/teacher, social worker, audiologist, and parent coordinator will work with each family to provide a stimulating learning environment for their child in the home. A unique aspect of the program is that the parents of older hearing impaired children will serve as parent volunteers to provide guidance and support to new families. Services to families will include developmental evaluations, audiological management, parent-child sessions, liaison with regular nursery schools, parent counseling, and parent meetings. Parent-child sessions will be held weekly either in the family's own home or in the program's demonstration room. The parent with the guidance of the parent advisor/teacher or parent volunteer will learn ways of providing speech and language stimulation through everyday activities. Evening meetings will be held once a month for parents and other family members. The program's goal is the development of confident and competent families who can facilitate auditory speech and language development in their child. For further information, contact Judith Elson (215/565-4880).

Pennsylvania Materials Center for the Hearing Impaired Workshops

As part of their services to educators who work with the hearing impaired, the Pennsylvania Materials Center for the Hearing Impaired (PMCHI) has been conducting workshops for teachers, therapists, and audiologists throughout the state. Regional workshops have included lecture and practicum sessions by specialists from the hearing aid industry on the topic of Hearing Aid Maintenance and Classroom Acoustics and Speech Intelligibility. A statewide workshop featured Mark Ross, Ph.D., Professor of Speech, University of Connecticut speaking on Classroom Acoustics and Speech Intelligibility; Use and Misuse of Residual Hearing. Sessions included in the Generic Supervisors Meeting to be held on May 23 and 24, 1979 at the Penn Harris Motor Inn, Harrisburg, PA, which pertain to speech and hearing services are: Vocational Resources for the Secondary Level Hearing Impaired Student, and Operation of Public School Speech and Hearing Programs. Guest speakers include Dr. Kenneth Nash, Director of Professional Staff Development, National Technical Institute for the Deaf; Mr. Terry Arnold, State Coordinator for the Deaf, Bureau of Vocational Rehabilitation; and Dr. Gerald Freeman, Director, Oakland School District, Pontiac, Michigan. A workshop on communicative skills development is planned for June 1979. The program will be designed for intermediate unit and district personnel who are working in the areas of speech, language, and hearing therapy. For further information on any of these programs, please contact: Fran Warkomski, State Coordinator, PMCHI at 717/783-3882, or the PMCHI regional coordinator at your local SERRC.

Testing for Language Problems

The Riley Articulation and Language Test (RALT) was designed as an initial screening tool for detecting problems in language development. The development of the test was based on six parameters: phonemic similarity, stimulability, number of defective sounds, error consistency, frequency of occurrence, and developmental expectancy. The three subtests of the RALT provide assessment information in language proficiency and intelligibility, articulation function, and language function. The test takes approximately three minutes to administer, and can be given by an examiner who is familiar with articulation disorders and possesses a knowledge of phonetics. Standardized on children from low and middle socioeconomic status, the RALT is suitable for administering to children from kindergarten through second grade. Test materials consist of an examiner's manual containing information on administration, scoring, and interpretation; and record booklets. Normative data is also provided.

Western Psychological Services, 12031 Wilshire Boulevard, Los Angeles, CA 90025. $8.50.

Churchill, D. W. **Language of autistic children.** V. H. Winston & Sons, 605 Third Ave., New York, NY 10016. 1978. 146 pp. $12.95. A monograph which describes the severe impairment of language and communication which is associated with early infantile autism. The author includes case studies which describe the language characteristics of individual children and the diagnostic treatment provided to each in a clinical situation.

Cooper, M., & Cooper, M. H., (Eds.). **Approaches to vocal rehabilitation.** Charles C Thomas, 301-327 East Lawrence Ave., Springfield, IL 62717. 1977. 419 pp. $21.75. A text which describes various techniques of voice therapy used with children and adults. Articles discuss such approaches as: direct vocal rehabilitation, a systems approach to vocal behavior modification, voice therapy for the hearing impaired, and the use of the diagnostic procedure as an outline for use in therapy.

Gregory, H. H., (Ed.). **Controversies about stuttering therapy.** University Park Press, 233 Eastwood St., Baltimore, MD 21202. 334 pp. $18.95. A compilation of separately authored chapters which delineates, reviews, and analyzes controversial issues in the evaluation and treatment of stuttering. Some of the issues explored include: attitude change, psychotherapy for stutterers, problems of relapse, assessment of therapy results, and management of stuttering children.

De Stefano, J. S. **Language, the learner and the school.** John Wiley, 605 Third Ave., New York, NY 10016. 1978. 232 pp. $7.95. An introductory text which emphasizes the effects language has on learning and describes the structure, function and development of language in the school-age child. Included is a discussion of the role of geographical, social, and cultural variations on spoken language, and the effects these variations have on attitudes and learning. The author analyzes the role of language in reading, grammar, composition, and spelling, and provides suggestions for helping students communicate more effectively.

Ling, D.,& Ling, A. H. **Aural habilitation: The foundations of verbal learning in hearing-impaired children.** The Alexander Graham Bell Association for the Deaf, 3417 Volta Place, N.W., Washington, DC 20007. 1978. 335 pp. $10.25 paperback. A text for teacher/clinicians, administrators, and parents which discusses the knowledge and skills relating to verbal learning and describes how they can be employed in the aural habilitation of the hearing-impaired child. An overview of verbal and nonverbal communication and the normal development of spoken language is provided. Because the primary emphasis of the book is on audition as the most appropriate sense modality for speech reception, technical chapters are included on acoustics, hearing aids and vision as a supplement to the use of residual audition. Assessment and teaching speech and language, parent-infant communication, and reading instruction are other topics considered.

Rose, D. E., (Ed.). **Audiological assessment.** Second edition. Prentice-Hall, Englewood Cliffs, NJ 07632. 1978. 559 pp. $14.95. A text which provides an overview of the physics, anatomy, and physiology of the auditory mechanism, and describes the processes and measures used in evaluating the auditory system. Separately authored chapters cover such topics as otologic assessment, profound hearing losses, hearing conservation programs, pure tone and speech audiometry, pediatric audiology, middle ear impedance measurements, neuroelectric measures, and hearing aids.

Shewan, C. M. **Speech and language disorders. Selected readings.** Harper & Row, 10 East 53rd St., New York, NY 10022. 1978. 428 pp. $7.95. A collection of 36 annotated readings which cover articulation disorders, phonation-resonance disorders, prosodic disorders, childrens' language disorders and adults aphasia. A general overview, characteristics, research, evaluation, therapeutic programs, and case studies are presented for each of these areas.

Learning Language at Home 2 is a set of 200 activity cards and a manual designed to help children develop language skills that will enable them to understand, interpret, remember, integrate, and communicate their experiences. This program is intended for use by parents but can be adapted for classroom use. Activities are geared for children ages 6 to 9; somewhat older ages if the child is handicapped. The activities are organized according to the Illinois Test of Psycholinguistic Abilities (ITPA) model which divides language learning into areas of manual skill, auditory skill, visual skill and verbal skill development. Fifty activities are provided for each of the four categories and they are sequenced in approximate order of difficulty. Actual selection of the activities will vary according to the needs, interests, and abilities of the child. Each activity card provides an objective for the lesson, a list of materials needed, a step-by-step teaching procedure, and suggestions for reinforcing and extending what was taught.

Council for Exceptional Children, 1920 Association Drive, Reston, VA 22091. 1978. $35.00.

Out of Silence is a film about the Montreal Oral School for the Deaf, which since 1950 has used an oral approach to working with deaf students. The school operates classes for young hearing impaired children in two Montreal public elementary schools, and many of the students are partially or completely integrated into regular classes. Designed to be an inspirational film which supports the oral approach to educating the hearing impaired, numerous scenes depict successful vocalization by the young students. Teachers from the school argue for the use of microphones, headphones, and other devices as a normal part of the instructional process, and a young student who is mainstreamed talks about his success in a regular classroom. The theme of the film is that few students are totally deaf, and thus educators must do everything possible to develop residual hearing and perfect speech so children may lead fuller and more independent lives.

38 minutes/16mm/color/1976/$410.00

Distributed by: Stanfield House, P.O. Box 3208, Santa Monica, CA 90403

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